

This Preferred Drug List is searchable. Here is how to search for a medicine:

1. Press Control F to open the search tool
2. Type the medicine name into the text box
3. Press enter

Planning for Healthy Babies®: Inter-Pregnancy Care (IPC) Pharmacy Program

Peach State Health Plan covers all forms of birth control for Planning for Healthy Babies®: Inter-Pregnancy Care (IPC) women. We also cover some medicines to help IPC women with their chronic diseases like diabetes and high blood pressure. The pharmacy team works with doctors and pharmacists to be sure the medicines to prevent pregnancies and the medicines to keep you healthy are covered on the Inter-Pregnancy Care Preferred Drug List (IPC-PDL). Your doctor must write a prescription for these all of these medicines.

Planning for Healthy Babies®: Inter-Pregnancy Care Preferred Drug List (IPC-PDL)

The Peach State Health Plan Inter-Pregnancy Care Preferred Drug List (IPC-PDL) is the list of covered drugs. The IPC-PDL tells you the drugs you can get at local pharmacies. The list is updated every three months by the Peach State Pharmacy and Therapeutics (P&T) Committee. The group is made up of the Peach State Health Plan Medical Director, Pharmacy Director, and several Georgia doctors, pharmacists, and specialists.

The Inter-Pregnancy Care Pharmacy Program does not pay for all medicines. Only these kinds of medicines are covered:

- Birth control
- Antibiotics used to treat Sexually Transmitted Infections (except HIV/AIDS and Hepatitis)
- Folic Acid and Multivitamins with Folic Acid
- Medicines for lower vaginal tract and vaginal skin infections
- Medicines to treat Urinary Tract Infections (UTIs)
- Medicines to treat chronic diseases

Some drugs have limits on age, dose, and maximum quantities. These medicines need a prior authorization (PA) if the doctor thinks you need more than the limit.

You can call Member Services to talk to someone about the list of drugs Peach State Health Plan covers. The Member Service phone number is 1-800-704-1484 (TTY/TTD 1-800-255-0056). You can also use the “Drug Lookup” Tool in the secure member webpage to see if your medicine is covered. You can get to the tool by using this link <https://members.envolverx.com/>.

Pharmacy Benefit Manager (PBM)

Peach State Health Plan works with Express Scripts to pay for pharmacy claims. Express Scripts is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

Some drugs are only paid for when you get them from a Peach State Health Plan specialty pharmacy. Specialty pharmacies can be found using the Find A Provider tool on the Peach State Health Plan website at www.pshp.com.

The Peach State Health Plan Pharmacy Director and Medical Director review the PA requests for these drugs.

These drugs are not usually available at local pharmacies. Be sure to call the specialty pharmacy for a refill before you run out of medicine. Drugs that specialty pharmacies provided are marked in the PDL. This list is on the Peach State Health Plan website at www.pshp.com. Please call Member Services if you have any questions about the PDL.

Dispensing Limits

The pharmacy can give you up to 31 days' supply of each new prescription or refill. There may be some medicine, like Depo-Provera, that is given once and lasts 84 days. 80% of the days' supply or 25 days must have passed before the medicine can be refilled for IPC-PDL drugs that are not controlled. Controlled Substances must have 90% of the supply used before the medicine can be refilled. You will need a new prescription for some controlled medicines.

Appropriate Use and Safety Edits

Your safety is very important to Peach State Health Plan. One of the ways we look out for your safety is through point-of sale (POS) edits when the medicine claim is sent by the pharmacy. These edits are based on the Food and Drug Administration (FDA) approvals. One example would be only allowing one drug in the same therapy class each month.

More information about the drugs that are part of these edits can be found in the **Appropriate Use and Safety Edits** document on the Peach State Health Plan website at www.pshp.com.

Prior Authorizations (PA)

Some medicines on the IPC-PDL may require PA. You should talk to your doctor or pharmacist if your pharmacy tells you a PA is needed. A request should be sent by the doctor or pharmacy to Pharmacy Services on the **Medication Prior Authorization Form**. This form is on the Peach State Health Plan website at www.pshp.com. The completed form and doctor notes to show your history should be **faxed to Pharmacy Services at 1-833-582-2342**. A request can also be sent using the secure electronic Prior Authorization portal by Cover My Meds at www.covermymeds.com.

Peach State Health Plan will cover the medicine if:

- There is a medical reason you need that specific medication.
- Other medications on the PDL have not worked.

All reviews are done by a Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Pharmacy Services sends your doctor a fax. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

Step Therapy

Some drugs on the IPC-PDL may require another drug to be used first. This is called Step Therapy. If you filled that required drug with Peach State Health Plan already, the step therapy

medicine will be covered. If you have not tried the IPC-PDL medicine, your doctor will need to send in a PA form with other medicine you have tried. If Pharmacy Services does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Quantity Limits

Peach State Health Plan may limit how much of a medicine you can get at one time. If the doctor feels you need a larger amount, a PA may be sent to Pharmacy Services. If Pharmacy Services does not approve the PA we will send you a letter and a fax to your doctor. The letter will tell you about the appeal process.

Medical Necessity Requests

Only medicines listed on the IPC-PDL are covered for Inter-Pregnancy Care women. If you need a medicine that is not on the IPC-PDL, your doctor can make a medical necessity (MN) PA request for the medicine. There are medicines on the IPC-PDL to treat most conditions covered by P4HB-IPC. For medicines not on the IPC-PDL, Peach State Health Plan requires:

- Doctor's notes to show you tried at least two IPC-PDL medicines in the same class and used for the same diagnosis; or
- Doctor's notes to show you are allergic or cannot take at least two IPC-PDL medicines in the same class; or
- Doctor's notes to show you cannot take any of the IPC-PDL agents for your diagnosis.

All reviews are done by a Georgia licensed clinical pharmacist and will be completed in 24 hours unless more information is needed. They use the standards set by the Peach State Health Plan P&T Committee. If the request is approved, Pharmacy Services sends your doctor a fax. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other similar medicines. It will also tell you about the appeal process.

72 Hour Emergency Supply Policy

State and Federal law says a pharmacy can give you a 72 hour (3 day) supply of medicine if you are waiting on PA review. Pharmacies will be paid for the 3 day supply even if the PA is not approved. The pharmacist can use professional judgment to decide if the medicine is urgent. The 72 hour supply is not allowed for Controlled substances that need a PA. The pharmacy must **call Pharmacy Services at 1-866-399-0928** for assistance to send the 72 hour supply for payment.

Exclusions

Only drug categories listed on the Peach State Health Plan IPC-PDL are covered for Inter-Pregnancy Care women. All other drug categories are not covered.

Drugs Covered Under the Medical Benefit

Peach State Health Plan covers some vaccines and medicines under the medical benefit for Planning for Healthy Babies® Inter-Pregnancy Care women. These medicines cannot be filled at a local pharmacy. The doctor can bill Peach State Health Plan for them. For questions about

which vaccines and injectable drugs are covered, call Peach State Health Plan's Member Services Department.

Some birth control must be given in the doctor's office. Intrauterine Devices (IUDs), like Mirena, Liletta, Skyla, and Paragard, can be placed during your family planning office visit. Implantable contraception, called Nexplanon, can be inserted during your family planning office visit, too. If you have questions about birth control, ask your doctor.

Over-the-Counter Medications

The Peach State Health Plan IPC-PDL covers some OTC medicines. These OTCs are covered when your doctor writes a prescription for one of them.

Tobacco Cessation Medications

Tobacco Cessation is when you quit smoking cigarettes. These are the medicines Peach State Health Plan covers: generic nicotine replacement products (gum, lozenges, and patches) and bupropion SR (Zyban). You will need a prescription from your doctor for these medicines.

Generic Drugs

Brand-name drugs will not be covered without PA when an acceptable generic is available. Generic drugs have the same active ingredient, work the same as brand-name medicines. If you or your doctor feels a brand-name is needed, your doctor can ask for PA. We will cover the brand-name drug if there is a medical reason you need the brand-name. If it is not approved, Peach State Health Plan and Pharmacy Services will send a letter to you and a fax to your doctor. The letter will have a list of other medicine. It will also tell you about the appeal process.

Filling a Prescription

You can have medicine filled at a Peach State Health Plan pharmacy. You can find a pharmacy by calling Peach State Health Plan Member Services. You can also look for a pharmacy close to you using the Provider-Lookup tool on the website. You will need to give the pharmacist your prescription and Peach State Health Plan ID card. Your pharmacy may ask for other forms of identification, like driver's license or state ID.

Ordering, Prescribing and Referring (OPR) Provider Requirements

Georgia Medicaid and the Center for Medicaid and Medicare Services (CMS) want your doctor to be listed with Georgia Medicaid. Peach State Health Plan and Pharmacy Services check pharmacy claims to be sure the pharmacy and doctor on your prescription are enrolled with Georgia Families®. If a non-enrolled doctor writes your prescription, the prescription will be rejected. Your pharmacy will not be able to fill prescriptions for you if it is not enrolled in Georgia Families®.

Peach State Health Plan: Planning for Healthy Babies® Inter-Pregnancy Care (IPC) - Preferred Drug List (PDL)



Copayments

Co-pays are not required for Planning for Healthy Babies® Inter-Pregnancy Care women.

Contact Information

Peach State Health Plan Member Services: 1-800-704-1484
 Fax: 1-800-659-7518

Peach State Health Plan Member Services TTY/TDD: 1-800-255-0056

Pharmacy Services Prior Authorizations: 1-866-399-0928
 Fax: 1-833-582-2342

Express Scripts Pharmacy Help Desk: 1-833-750-4403

Language Assistance

Do you need this book translated? Do you need help understanding this book? If you do, call Peach State Health Plan’s Member Service line at 1-800-704-1484. If you are hearing impaired, call our TDD/TTY at 1-800-255-0056. To get this information in large font or audiotape, call Member Services. Interpreter services are provided free of charge to you. Peach State Health Plan has a telephone language line available 24 hours a day, 7 days a week.

Preferred Drug List ABBREVIATIONS

PREFERRED DRUG LIST TIER ABBREVIATIONS	
Tier	Tier Definitions
<i>P</i>	Preferred Drug
REQUIREMENT or LIMITS	
Requirement/Limits	Requirement/Limit Description
<i>AL</i>	Age Limit: Drug is limited to a specific age
<i>PA</i>	Prior Authorization: Review required before prescription can be filled
<i>QL</i>	Quantity Limit: There is a limit on the amount covered per prescription or within a set time frame.
<i>Rx/OTC</i>	Product has both prescription and over the counter coverage
<i>SP</i>	Specialty Drug: High-cost drugs used to treat complex conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C, and hemophilia and may be limited to a specific pharmacy.
<i>ST</i>	Step Therapy: Requires trial and failure of one or more preferred products prior to coverage.

Peach State Health Plan: Planning for Healthy Babies® Inter-Pregnancy Care (IPC) - Preferred Drug List (PDL)



CLINICAL EDIT DESCRIPTIONS	
Edit Name	Edit Description
<i>Opioid</i>	<p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records.</p> <p>Treatment-Naïve* Limits:</p> <ul style="list-style-type: none"> • Daily Dose Max = 50 MME** • Day Supply Max = 7 days • Must use Short-acting opioids before Long-acting opioids <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
<i>Test Strips</i>	<p>Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days EXCEPTIONS: The below members may get up to 200 strips per 30 days</p> <ul style="list-style-type: none"> • Members who are less than 18 years old • Members with a Gestational Diabetes or Diabetes in Pregnancy

STANDARD ABBREVIATIONS

Dose Form	Dose Form Description
<i>AEPB</i>	Aerosol Powder Breath Activated
<i>AERB</i>	Aerosol, breath activated
<i>AERO</i>	Aerosol
<i>AJKT</i>	Auto-injector Kit
<i>AUIJ</i>	Auto-injector
<i>CAPS</i>	Capsule
<i>CHEW</i>	Tablet Chewable
<i>CONC</i>	Concentrate
<i>CP12</i>	Capsule ER 12 HR
<i>CP24</i>	Capsule ER 24 HR
<i>CPCR</i>	Capsule ER
<i>CPDR</i>	Capsule Delayed Release
<i>CPEP</i>	Capsule Enteric Coated Particles
<i>CPSP</i>	Capsule Sprinkle
<i>CREA</i>	Cream
<i>CSDR</i>	Capsule Delayed Release Sprinkle
<i>DEVI</i>	Device
<i>ELIX</i>	Elixir
<i>EMUL</i>	Emulsion
<i>ENEM</i>	Enema
<i>EX</i>	External
<i>GRAN</i>	Granules
<i>IJ</i>	Injection
<i>IMPL</i>	Implant
<i>INHA</i>	Inhaler
<i>INJ</i>	Injectable
<i>IUD</i>	Intrauterine Device
<i>IV</i>	Intravenous
<i>LIQD</i>	Liquid
<i>LOTN</i>	Lotion
<i>LOZG</i>	Lozenge

Dose Form	Dose Form Description
<i>LPOP</i>	Lollipop
<i>MISC</i>	Miscellaneous
<i>NA</i>	Nasal
<i>NEBU</i>	Nebulization solution
<i>OINT</i>	Ointment
<i>OP</i>	Ophthalmic
<i>OPHT</i>	Ophthalmic
<i>OR</i>	Oral
<i>PACK</i>	Packet
<i>PEN</i>	Pen-injector
<i>PNKT</i>	Pen-injector Kit
<i>POT</i>	Potassium
<i>POWD</i>	Powder
<i>PRSY</i>	Prefilled Syringe
<i>PSKT</i>	Prefilled Syringe Kit
<i>PSTE</i>	Paste
<i>PT24</i>	Patch 24 Hour
<i>PT72</i>	Patch 72 Hour
<i>PTCH</i>	Patch
<i>PTTW</i>	Patch Biweekly
<i>PTWK</i>	Patch Weekly
<i>RE</i>	Rectal
<i>S.O.P.</i>	Sterile Ophthalmic Preparation
<i>SHAM</i>	Shampoo
<i>SOAJ</i>	Solution Auto-injector
<i>SOCT</i>	Solution Cartridge
<i>SOLN</i>	Solution
<i>SOLR</i>	Solution Reconstituted
<i>SOPN</i>	Solution Pen-injector
<i>SOSY</i>	Solution Prefilled Syringe
<i>SRER</i>	Suspension Reconstituted ER

**Peach State Health Plan: Planning for Healthy Babies®
Inter-Pregnancy Care (IPC) - Preferred Drug List (PDL)**



Dose Form	Dose Form Description
<i>STRP</i>	Strip
<i>SUBL</i>	Tablet Sublingual
<i>SUER</i>	Suspension Extended Release
<i>SUPN</i>	Suspension Pen-injector
<i>SUPP</i>	Suppository
<i>SUSP</i>	Suspension
<i>SUSR</i>	Suspension Reconstituted
<i>SUSY</i>	Suspension Prefilled Syringe
<i>SYRP</i>	Syrup
<i>T12A</i>	Tablet ER 12 Hour Abuse-Deterrent
<i>TABS</i>	Tablets
<i>TB12</i>	Tablet ER 12 Hour
<i>TB24</i>	Tablet ER 24 Hour

Dose Form	Dose Form Description
<i>TBCR</i>	Tablet ER
<i>TBDP</i>	Tablet Dispersible
<i>TBEC</i>	Tablet Enteric Coated
<i>TBEF</i>	Tablet Effervescent
<i>TBPK</i>	Tablet Therapy Pack
<i>TBSO</i>	Tablet Soluble
<i>TEST</i>	Diagnostic Test
<i>TINC</i>	Tincture
<i>TROC</i>	Troche
<i>VA</i>	Vaginal
<i>VI</i>	Visual Indicator
<i>WAFR</i>	Wafer
<i>XR</i>	Extended Release

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	NP	QL(1 ea daily); AL(At least 6 yrs old)
ADDERALL TABS (Use amphetamine-dextroamphetamine)	NP	QL(2 ea daily); AL(At least 3 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS	P	QL(2 ea daily); AL(At least 3 yrs old)
DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24	P	QL(2 ea daily); AL(At least 6 yrs old)
dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 ea daily); AL(At least 3 yrs old)
lisdexamfetamine dimesylate CAPS	P	QL(1 ea daily); PA
VYVANSE CAPS	P	QL(1 ea daily); PA
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
CAFFEINE CITRATED POWD	P	QL(45 gm per fill retail)

Drug Name	Drug Tier	Requirements/Limits
caffeine citrate SOLN OR	P	QL(45 ml per fill retail)
Anorexiants Non-Amphetamine		
PLENITY	NP	
PLENITY WELCOME KIT	NP	
Anti-Obesity Agents		
IMCIVREE	P	SP; PA
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl	P	QL(1 ea daily); AL(At least 6 yrs old); ST
clonidine hcl (adhd) TB12	P	
guanfacine hcl (adhd)	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (Use guanfacine hcl (adhd))	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (Use clonidine hcl (adhd))	NP	
STRATTERA (Use atomoxetine hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old); ST
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	P	SP; PA
Stimulants - Misc.		
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)
dexmethylphenidate hcl TABS	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
METADATE CD CPR (Use methylphenidate hcl)	NP	QL(1 ea daily); AL(At least 6 yrs old)
METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl)	NP	QL(1800 ml per 30 day(s) retail); AL(At least 3 yrs old)
METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl)	NP	QL(900 ml per 30 day(s) retail); AL(At least 3 yrs old)
methylphenidate hcl CPR	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN 10 MG/5ML	P	QL(900 ml per 30 day(s) retail); AL(At least 3 yrs old)
methylphenidate hcl SOLN 5 MG/5ML	P	QL(1800 ml per 30 day(s) retail); AL(At least 3 yrs old)
methylphenidate hcl TABS 5 MG	P	QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl TABS 10 MG, 20 MG	P	QL(3 ea daily); AL(At least 3 yrs old)
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TB24 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 18 MG, 27 MG, 54 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
RELEXXII TBCR 36 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
RITALIN TABS 5 MG (Use methylphenidate hcl)	NP	QL(6 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/Limits
RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	NP	QL(3 ea daily); AL(At least 3 yrs old)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Allergenic Extracts		
DOCK-SORREL POLLEN MIX EXTRACT IJ	NP	
ROUGH REDROOT PIGWEED POLLEN EXTRACT	NP	
SORREL/DOCK MIX EXTRACT IJ	NP	
ALTERNATIVE MEDICINES		
Alternative Medicine - B's		
REMIFEMIN MENOPAUSE RELIEF TABS	NP	
Alternative Medicine - G's		
ginger (<i>zingiber officinalis</i>) CAPS 250 MG	P	OTC; QL(4 ea daily)
Alternative Medicine - M's		
MELATONIN SUBL	P	QL(1 ea daily)
melatonin TABS 3 MG, 5 MG	P	OTC; QL(1 ea daily)
melatonin TBDP 3 MG	P	QL(1 ea daily)
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
ARIKAYCE	P	SP; PA
BETHKIS NEBU (Use tobramycin)	NP	SP; PA
KITABIS PAK NEBU (Use tobramycin)	NP	SP; PA
neomycin sulfate TABS	P	
TOBI PODHALER CAPS	P	SP; PA
TOBI NEBU (Use tobramycin)	NP	SP; PA

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<i>tobramycin sulfate SOLN IJ</i>	P	PA	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT	P	SP; PA
<i>tobramycin sulfate SOLR</i>	P	PA	ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	P	SP; PA
<i>tobramycin NEBU</i>	P	SP; PA	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	P	SP; PA
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions			ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT	P	SP; PA
Antirheumatic - Enzyme Inhibitors			ADALIMUMAB-ADBM AJKT	P	SP; PA
RINVOQ TB24 30 MG, 45 MG	P	SP; PA	ADALIMUMAB-ADBM AJKT	NP	SP
XELJANZ XR TB24	P	SP; PA	ADALIMUMAB-ADBM PSKT	P	SP; PA
XELJANZ SOLN	P	SP; PA	ADALIMUMAB-ADBM PSKT 40 MG/0.8ML	NP	SP
XELJANZ TABS	P	SP; PA	ADALIMUMAB-FKJP AJKT	P	SP; PA
Antirheumatic Antimetabolites			ADALIMUMAB-FKJP AJKT	NP	SP
METHOTREXATE	P		ADALIMUMAB-FKJP PSKT	P	SP; PA
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	P	SP; PA	ADALIMUMAB-FKJP PSKT	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP; PA	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP	SP
REDITREX SOSY	P	SP; PA	CYLTEZO STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies			CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP	SP
ADALIMUMAB-AATY 1-PEN KIT AJKT	P	SP; PA	CYLTEZO AJKT	NP	SP
ADALIMUMAB-AATY 2-PEN KIT AJKT	P	SP; PA	CYLTEZO PSKT	NP	SP
ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	P	SP; PA	HADLIMA PUSHTOUCH SOAJ	P	SP; PA
ADALIMUMAB-ADAZ SOAJ	P	SP; PA			
ADALIMUMAB-ADAZ SOSY	P	SP; PA			

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HADLIMA SOSY	P	SP; PA	ALEVE TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)
HULIO AJKT	NP	SP	ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NP	
HULIO PSKT	NP	SP	CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC
HYRIMOZ SOAJ 40 MG/0.4ML	NP	SP	CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NP	RX/OTC
HYRIMOZ SOSY 40 MG/0.4ML	NP	SP	<i>diclofenac potassium TABS 50 MG</i>	P	
SIMLANDI 1-PEN KIT AJKT	P	SP; PA	<i>diclofenac sodium TBEC</i>	P	
SIMLANDI 2-PEN KIT AJKT	P	SP; PA	<i>etodolac CAPS</i>	P	
YUFLYMA 1-PEN KIT AJKT	NP	SP	<i>etodolac TABS</i>	P	
YUFLYMA 2-PEN KIT AJKT	NP	SP	FELDENE CAPS (<i>Use piroxicam</i>)	NP	
YUFLYMA 2-SYRINGE KIT PSKT	NP	SP	<i>fenoprofen calcium CAPS 400 MG</i>	P	
YUFLYMA CD/UC/HS STARTER AJKT	NP	SP	<i>flurbiprofen TABS</i>	P	
YUSIMRY SC 40 MG/0.8ML	P	SP; PA	<i>ibuprofen lysine</i>	P	
Interleukin-1 Blockers			<i>ibuprofen CHEW</i>	P	OTC
ARCALYST	P	SP; PA	<i>ibuprofen SUSP 100 MG/5ML</i>	P	RX/OTC
Interleukin-1 Receptor Antagonist (IL-1Ra)			<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	P	OTC
KINERET SOSY	P	SP; PA	<i>ibuprofen TABS 200 MG</i>	P	OTC
Interleukin-1beta Blockers			<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P	
ILARIS SOLN	P	SP; PA	INDOCIN SUSP (<i>Use indomethacin</i>)	NP	
Interleukin-6 Receptor Inhibitors			INDOMETHACIN	P	
ACTEMRA ACTPEN SOAJ	P	SP; PA	<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
ACTEMRA SOLN	P	SP; PA	<i>indomethacin SUPP</i>	P	
ACTEMRA SOSY	P	SP; PA	<i>indomethacin SUSP</i>	P	
Nonsteroidal Anti-inflammatory Agents (NSAIDs)			INFANTS ADVIL SUSP (<i>Use ibuprofen</i>)	NP	OTC
ADVIL TABS (<i>Use ibuprofen</i>)	NP	OTC	<i>ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML</i>	P	
ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NP	OTC; QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	P	
<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 30 day(s) retail); AL(At least 17 yrs old)
LODINE TABS (<i>Use etodolac</i>)	NP	
<i>meloxicam TABS</i>	P	
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	NP	OTC
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	NP	OTC
<i>nabumetone</i>	P	
NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP	
NAPROSYN SUSP (<i>Use naproxen</i>)	NP	
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NP	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	P	
<i>naproxen sodium TABS 220 MG</i>	P	OTC; QL(2 ea daily)
<i>naproxen SUSP</i>	P	
<i>naproxen TABS</i>	P	
NEOPROFEN (<i>Use ibuprofen lysine</i>)	NP	
<i>piroxicam CAPS</i>	P	
<i>sulindac TABS</i>	P	
TIVORBEX CAPS (<i>Use indomethacin</i>)	NF	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	P	SP; PA
OTEZLA TBPk	P	SP; PA
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>Use leflunomide</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide</i>	P	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	P	SP; PA
ORENCIA SOLR	P	SP; PA
ORENCIA SOSY	P	SP; PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
<i>butalbital-aspirin-caffeine CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NP	QL(4 ea daily); AL(At least 12 yrs old)
Analgesics Other		
<i>acetaminophen CHEW</i>	P	OTC
<i>acetaminophen ELIX</i>	P	OTC
<i>acetaminophen LIQD 160 MG/5ML</i>	P	OTC
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	P	OTC
<i>acetaminophen SUPP 120 MG, 650 MG</i>	P	OTC; QL(12 ea per 30 day(s) retail)
ACETAMINOPHEN SUPP 650 MG	P	OTC; QL(12 ea per 30 day(s) retail)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	P	OTC

Georgia Medicaid Updated November 1, 2024
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<i>acetaminophen TABS 325 MG, 500 MG</i>	P	OTC	BUFFERIN (<i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NP	OTC
FEVERALL JUNIOR STRENGTH SUPP	P	OTC; QL(12 ea per 30 day(s) retail)	<i>diflunisal TABS</i>	P	
INFANTS SILAPAP SOLN OR	P	QL(30 ml per fill retail)	ECOTRIN ARTHRITIS PAIN TBEC (<i>Use aspirin</i>)	NP	OTC
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use acetaminophen</i>)	NP	OTC	ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	NP	OTC
TYLENOL CHILDRENS PAIN +FEVER SUSP (<i>Use acetaminophen</i>)	NP	OTC	ECOTRIN TBEC (<i>Use aspirin</i>)	NP	OTC
TYLENOL CHILDRENS SUSP (<i>Use acetaminophen</i>)	NP	OTC	<i>salsalate</i>	P	
TYLENOL EXTRA STRENGTH TABS (<i>Use acetaminophen</i>)	NP	OTC	ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL FOR CHILDREN/ADULTS SUSP (<i>Use acetaminophen</i>)	NP	OTC	Opioid Agonists		
TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	NP	OTC	<i>codeine sulfate TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
TYLENOL TABS (<i>Use acetaminophen</i>)	NP	OTC	CODEINE SULFATE TABS	P	Clinical Edit: Opioids; QL(2 ea daily); AL(At least 12 yrs old)
Analgesics-Peptide Channel Blockers			DILAUDID TABS 8 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)
PRIALT	P	SP; PA	DILAUDID TABS 2 MG, 4 MG (<i>Use hydromorphone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
Salicylates			<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	QL(0.34 ea daily)
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	P	OTC	HYDROMORPHONE HCL SUPP	P	Clinical Edit: Opioids; QL(2 ea daily)
<i>aspirin CHEW</i>	P	OTC	<i>hydromorphone hcl TABS 8 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)
ASPIRIN SUPP 300 MG	P	OTC; QL(12 ea per 30 day(s) retail)	<i>hydromorphone hcl TABS 2 MG, 4 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>aspirin TABS 325 MG</i>	P	OTC			
<i>aspirin TBEC 81 MG, 325 MG</i>	P	OTC			

Georgia Medicaid Updated November 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	OXYCONTIN T12A	P	QL(2 ea daily); PA
<i>meperidine hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	ROXICODONE TABS 15 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)
<i>methadone hcl TABS 10 MG</i>	P	QL(10 ea daily); PA	ROXICODONE TABS 30 MG (<i>Use oxycodone hcl</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily)
<i>methadone hcl TABS 5 MG</i>	P	QL(6 ea daily); PA	<i>tramadol hcl TABS 50 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)
<i>morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(240 ml per fill retail)	Opioid Combinations		
<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Clinical Edit: Opioids; QL(21.4 ml daily)	<i>acetaminophen w/ codeine SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily); AL(At least 12 yrs old)
<i>morphine sulfate SUPP</i>	P	Clinical Edit: Opioids; QL(18 ea per fill retail)	<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily); AL(At least 12 yrs old)
<i>morphine sulfate TABS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	P	QL(6 ea daily); AL(At least 12 yrs old)
<i>morphine sulfate TBCR</i>	P	QL(3 ea daily)	<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
MS CONTIN TBCR (<i>Use morphine sulfate</i>)	NP	QL(3 ea daily)	<i>butalbital-aspirin-caffeine w/cod</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 12 yrs old)
OXAYDO TABS 5 MG	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	Clinical Edit: Opioids; QL(180 ml daily)
<i>oxycodone hcl CAPS</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	<i>hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Clinical Edit: Opioids; QL(90 ml per fill retail)			
<i>oxycodone hcl SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)			
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily); PA			
<i>oxycodone hcl TABS 5 MG, 10 MG, 15 MG, 20 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)			
<i>oxycodone hcl TABS 30 MG</i>	P	Clinical Edit: Opioids; QL(4 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen SOLN</i>	P	Clinical Edit: Opioids; QL(30 ml daily)	SUBOXONE FILM SL 3 MG-12 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(2 ea daily); PA
<i>oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	Clinical Edit: Opioids; QL(6 ea daily)	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	NP	QL(3 ea daily)
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (<i>Use oxycodone w/ acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(6 ea daily)	ZUBSOLV SUBL	P	PA
<i>tramadol-acetaminophen</i>	P	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
ULTRACET (<i>Use tramadol-acetaminophen</i>)	NP	Clinical Edit: Opioids; QL(4 ea daily); AL(At least 18 yrs old)	Androgens		
Opioid Partial Agonists			AVEED SOLN	P	SP; PA
BELBUCA FILM	P	PA	METHITEST TABS	P	
BUPRENEX SOLN (<i>Use buprenorphine hcl</i>)	NP	PA	TESTOPEL PLLT	P	SP; PA
<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	P	PA	<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	QL(0.2858 ml daily)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG</i>	P	QL(3 ea daily)	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ml per 30 day(s) retail)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG</i>	P	QL(2 ea daily); PA	<i>testosterone enanthate SOLN IM</i>	P	QL(4 ml per 30 day(s) retail)
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	QL(3 ea daily)	ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
<i>buprenorphine hcl SOLN</i>	P	PA	Intrarectal Steroids		
<i>buprenorphine hcl SUBL</i>	P	PA	CORTENEMA (<i>Use hydrocortisone (intrarectal)</i>)	NP	
SUBLOCADE SOSY	P	2 max fill(s) per 30 day(s) retail; SP; PA	<i>hydrocortisone (intrarectal)</i>	P	
			Rectal Combinations		
			ANALPRAM-HC LOTN EX	P	QL(62 ml per 30 day(s) retail)
			<i>phenylephrine-shark liver oil-cocoa butter</i>	P	OTC; QL(12 ea per 30 day(s) retail)
			<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	P	OTC; QL(31 gm per 30 day(s) retail)
			Rectal Steroids		

Georgia Medicaid Updated November 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	
<i>hydrocortisone (rectal) EX 1 %</i>	P	QL(454 gm per fill retail); RX/OTC
<i>hydrocortisone (rectal) EX 1 %</i>	NP	RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD</i>	P	QL(744 ml per 30 day(s) retail)
<i>alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 200 MG/5ML-200 MG/5ML-200 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	P	QL(744 ml per 30 day(s) retail)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	P	OTC
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS 325 MG, 650 MG</i>	P	OTC; QL(100 ea per 30 day(s) retail)
Antacids - Calcium Salts		
<i>calcium carbonate (antacid) CHEW 500 MG</i>	P	OTC
TUMS LASTING EFFECTS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
TUMS ULTRA 1000 CHEW (<i>Use calcium carbonate (antacid)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
TUMS CHEW (<i>Use calcium carbonate (antacid)</i>)	NP	OTC
Antacids - Magnesium Salts		
<i>magnesium oxide TABS 400 MG</i>	P	OTC
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
BENZNIDAZOLE	P	SP; PA
EMVERM CHEW	P	QL(1 ea per 14 day(s) retail)
<i>pyrantel pamoate SUSP 144 MG/ML</i>	P	OTC; QL(60 ml per fill retail)
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (<i>Use isosorbide dinitrate</i>)	NP	
<i>isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG</i>	P	
<i>isosorbide mononitrate TABS</i>	P	QL(2 ea daily)
<i>isosorbide mononitrate TB24</i>	P	QL(1 ea daily)
NITRO-BID OINT	P	
NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	
<i>nitroglycerin CPCR</i>	P	
<i>nitroglycerin PT24</i>	P	
<i>nitroglycerin SUBL</i>	P	
NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl 5 MG, 10 MG</i>	P	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl 15 MG</i>	P	QL(4 ea daily)
<i>bupirone hcl 7.5 MG, 30 MG</i>	P	QL(3 ea daily)
<i>hydroxyzine hcl SYRP</i>	P	
<i>hydroxyzine hcl TABS</i>	P	
<i>hydroxyzine pamoate CAPS</i>	P	
<i>meprobamate</i>	P	
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i>)	NP	
Benzodiazepines		
<i>alprazolam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
ATIVAN TABS (Use <i>lorazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>chlordiazepoxide hcl CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>clorazepate dipotassium TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>diazepam SOLN OR 5 MG/5ML</i>	P	AL (6 months to 12 years old)
<i>diazepam TABS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
<i>lorazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>oxazepam CAPS</i>	P	QL(4 ea daily); AL(At least 18 yrs old)
TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
VALIUM TABS (Use <i>diazepam</i>)	NP	QL(4 ea daily); AL(At least 18 yrs old)
XANAX TABS (Use <i>alprazolam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		

Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS</i>	P	
NORPACE CR CP12 150 MG	P	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	P	
<i>quinidine gluconate TBCR</i>	P	
<i>quinidine sulfate TABS</i>	P	
Antiarrhythmics Type I-B		
<i>mexiletine hcl</i>	P	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	P	
<i>propafenone hcl TABS</i>	P	
Antiarrhythmics Type III		
<i>amiodarone hcl TABS 200 MG</i>	P	
<i>dofetilide</i>	P	
TIKOSYN (Use <i>dofetilide</i>)	NP	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	P	SP; PA
TEZSPIRE SOSY	P	SP; PA
XOLAIR SOAJ	P	SP; PA
XOLAIR SOLR	P	SP; PA
XOLAIR SOSY	P	SP; PA
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	P	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	QL(25.8 gm per fill retail)
INCRUSE ELLIPTA	P	QL(1 ea daily)
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ml per 20 day(s) retail)

Georgia Medicaid Updated November 1, 2024
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SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate)	NP		fluticasone propionate hfa 44 MCG/ACT	P	QL(10.6 gm per fill retail); AL(Up to 12 yrs old)
tiotropium bromide monohydrate CAPS	P		fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 gm per fill retail); AL(Up to 12 yrs old)
TUDORZA PRESSAIR	P	QL(1 ea per 30 day(s) retail)	PULMICORT SUSP (Use budesonide (inhalation))	NP	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)
Leukotriene Modulators			QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)
montelukast sodium CHEW	P	QL(1 ea daily)	QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)
montelukast sodium PACK	P	QL(1 ea daily)	Sympathomimetics		
montelukast sodium TABS	P	QL(1 ea daily)	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	NP	QL(2 ea daily; 60 ea per 30 day(s) retail)
SINGULAIR CHEW (Use montelukast sodium)	NP	QL(1 ea daily)	albuterol sulfate AERS	NP	
SINGULAIR PACK (Use montelukast sodium)	NP	QL(1 ea daily)	albuterol sulfate AERS	P	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
SINGULAIR TABS (Use montelukast sodium)	NP	QL(1 ea daily)	albuterol sulfate AERS	P	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
Selective Phosphodiesterase 4 (PDE4) Inhibitors			albuterol sulfate AERS	P	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)
DALIRESP (Use roflumilast)	NP	QL(1 ea daily)	albuterol sulfate AERS	NP	
roflumilast	P	QL(1 ea daily)	albuterol sulfate NEBU 0.5 %, 2.5 MG/0.5ML	P	
Steroid Inhalants			albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	P	QL(375 ml per 30 day(s) retail)
ARNUITY ELLIPTA	P	QL(1 ea daily)	albuterol sulfate NEBU 0.083 %	P	QL(12.5 ml daily)
ASMANEX HFA AERO	P	QL(0.44 gm daily)	ALBUTEROL SULFATE NEBU	P	
budesonide (inhalation) SUSP	P	QL(120 ml per fill retail); AL(At least 1 yrs old - Up to 8 yrs old)	albuterol sulfate SYRP	P	
FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation))	NP		albuterol sulfate TABS	P	
FLOVENT HFA (Use fluticasone propionate hfa)	NP				
fluticasone propionate (inhalation) AEPB	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihydrate</i>	P	QL(0.367 gm daily)	<i>theophylline TB12</i>	P	
<i>budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT</i>	P	QL(11 gm per fill retail)	<i>theophylline TB24</i>	P	
<i>budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT</i>	P	QL(10.2 gm per fill retail)	ANTICOAGULANTS - Blood Thinners		
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 30 day(s) retail)	Coumarin Anticoagulants		
<i>fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT</i>	P	QL(2 ea daily; 60 ea per 30 day(s) retail)	<i>warfarin sodium TABS</i>	P	
<i>ipratropium-albuterol SOLN</i>	P	QL(12 ml daily)	Direct Factor Xa Inhibitors		
<i>levalbuterol tartrate</i>	P	QL(0.5 gm daily)	ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)
PROAIR RESPICLICK AEPB	P	QL(1 ea per fill retail; 2 ea per 30 day(s) retail); AL(At least 4 yrs old - Up to 18 yrs old)	ELIQUIS TABS	P	QL(2 ea daily)
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	NP		Heparins And Heparinoid-Like Agents		
SEREVENT DISKUS	P	QL(60 ea per fill retail)	ARIXTRA (Use <i>fondaparinux sodium</i>)	NP	SP; PA
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	NP		<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	SP
<i>terbutaline sulfate TABS</i>	P		<i>enoxaparin sodium SOSY</i>	P	SP; PA
VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NP		<i>fondaparinux sodium</i>	P	SP; PA
XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	NP	QL(0.5 gm daily)	FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP; PA
Xanthines			FRAGMIN SOSY	P	SP; PA
THEO-24 CP24	P		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
<i>theophylline ELIX</i>	P		<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML</i>	NP	
<i>theophylline SOLN</i>	P	QL(475 ml per fill retail)	LOVENOX SOLN IJ 300 MG/3ML (Use <i>enoxaparin sodium</i>)	NP	SP
			LOVENOX SOSY (Use <i>enoxaparin sodium</i>)	NP	SP; PA
			Thrombin Inhibitors		
			<i>dabigatran etexilate mesylate CAPS</i>	P	
			PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i>)	NP	
			ANTICONVULSANTS - Drugs to Treat Seizures		

Georgia Medicaid Updated November 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants - Benzodiazepines			<i>carbamazepine TABS</i>	P	
<i>clonazepam TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	<i>carbamazepine TB12</i>	P	
DIASTAT ACUDIAL GEL 10 MG (<i>Use diazepam (anticonvulsant)</i>)	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 250 MG	P	QL(12 ea daily); SP; PA
DIASTAT ACUDIAL GEL 20 MG (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT CAPS 500 MG	P	QL(6 ea daily); SP; PA
DIASTAT PEDIATRIC GEL (<i>Use diazepam (anticonvulsant)</i>)	NP	QL(1 ea per fill retail); AL(At least 2 yrs old)	DIACOMIT PACK 500 MG	P	QL(6 ea daily); SP; PA
<i>diazepam (anticonvulsant) GEL 10 MG</i>	NP		DIACOMIT PACK 250 MG	P	QL(12 ea daily); SP; PA
<i>diazepam (anticonvulsant) GEL</i>	P	QL(1 ea per fill retail); AL(At least 2 yrs old)	EPIDIOLEX	P	SP; PA
KLONOPIN TABS (<i>Use clonazepam</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)	FINTEPLA	P	SP; PA
NAYZILAM	P	QL(10 ea per 30 day(s) retail); PA	<i>gabapentin CAPS</i>	P	QL(9 ea daily)
VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 day(s) retail); PA	<i>gabapentin SOLN</i>	P	
VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 day(s) retail); PA	<i>gabapentin TABS 800 MG</i>	P	QL(4 ea daily)
VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 day(s) retail); PA	<i>gabapentin TABS 600 MG</i>	P	QL(6 ea daily)
VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 day(s) retail); PA	KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	Use levetiracetam IR; ST
Anticonvulsants - Misc.			KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)
BANZEL SUSP (<i>Use rufinamide</i>)	NP	SP; PA	KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
BANZEL TABS (<i>Use rufinamide</i>)	NP	SP; PA	KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)
BRIVIACT SOLN IV 50 MG/5ML	P	SP; PA	KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)
<i>carbamazepine CHEW</i>	P		LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	
<i>carbamazepine SUSP</i>	P		LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	Use lamotrigine IR; ST
			LAMICTAL TABS (<i>Use lamotrigine</i>)	NP	
			<i>lamotrigine CHEW</i>	P	
			<i>lamotrigine TABS</i>	P	
			<i>lamotrigine TB24</i>	P	Use lamotrigine IR; ST
			<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)

Georgia Medicaid Updated November 1, 2024
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<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily)	<i>topiramate CPSP 25 MG</i>	P	QL(8 ea daily)
<i>levetiracetam TABS 500 MG</i>	P	QL(6 ea daily)	<i>topiramate CPSP 15 MG</i>	P	QL(6 ea daily)
<i>levetiracetam TABS 1000 MG</i>	P		<i>topiramate TABS 200 MG</i>	P	QL(3 ea daily)
<i>levetiracetam TB24</i>	P	Use levetiracetam IR; ST	<i>topiramate TABS 25 MG, 50 MG</i>	P	QL(6 ea daily)
MYSOLINE (Use primidone)	NP		<i>topiramate TABS 100 MG</i>	P	QL(4 ea daily)
NEURONTIN CAPS (Use gabapentin)	NP	QL(9 ea daily)	TRILEPTAL SUSP (Use oxcarbazepine)	NP	
NEURONTIN SOLN (Use gabapentin)	NP		TRILEPTAL TABS (Use oxcarbazepine)	NP	
NEURONTIN TABS 800 MG (Use gabapentin)	NP	QL(4 ea daily)	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	NP	
NEURONTIN TABS 600 MG (Use gabapentin)	NP	QL(6 ea daily)	<i>zonisamide CAPS</i>	P	
<i>oxcarbazepine SUSP</i>	P		Carbamates		
<i>oxcarbazepine TABS</i>	P		<i>felbamate SUSP</i>	P	
<i>primidone</i>	P		<i>felbamate TABS</i>	P	
<i>rufinamide SUSP</i>	P	SP; PA	FELBATOL SUSP (Use felbamate)	NP	
<i>rufinamide TABS</i>	P	SP; PA	FELBATOL TABS (Use felbamate)	NP	
TEGRETOL SUSP (Use carbamazepine)	NP		GABA Modulators		
TEGRETOL TABS (Use carbamazepine)	NP		GABITRIL (Use tiagabine hcl)	NP	
TEGRETOL-XR TB12 (Use carbamazepine)	NP		SABRIL PACK (Use vigabatrin)	NP	SP; PA
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	NP	QL(6 ea daily)	SABRIL TABS (Use vigabatrin)	NP	SP; PA
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	NP	QL(8 ea daily)	<i>tiagabine hcl</i>	P	
TOPAMAX TABS 100 MG (Use topiramate)	NP	QL(4 ea daily)	<i>vigabatrin PACK</i>	P	SP; PA
TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	NP	QL(6 ea daily)	<i>vigabatrin TABS</i>	P	SP; PA
TOPAMAX TABS 200 MG (Use topiramate)	NP	QL(3 ea daily)	Hydantoins		
			DILANTIN (Use phenytoin sodium extended)	P	
			DILANTIN	P	
			DILANTIN INFATABS CHEW (Use phenytoin)	P	

Georgia Medicaid Updated November 1, 2024
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DILANTIN-125 SUSP (Use phenytoin)	P		<i>divalproex sodium TBEC 250 MG</i>	P	QL(3 ea daily)
<i>phenytoin sodium extended 100 MG</i>	P		<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 ea daily)
<i>phenytoin sodium SOLN</i>	P		<i>valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML</i>	P	
<i>phenytoin CHEW</i>	P		<i>valproic acid CAPS</i>	P	
<i>phenytoin SUSP</i>	P		ANTIDEPRESSANTS - Drugs to Treat Depression		
Succinimides			Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>ethosuximide CAPS</i>	P		<i>mirtazapine TABS 15 MG</i>	P	QL(3 ea daily)
<i>ethosuximide SOLN</i>	P		<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
ZARONTIN CAPS (Use <i>ethosuximide</i>)	NP		<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 ea daily)
ZARONTIN SOLN (Use <i>ethosuximide</i>)	NP		<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily)
Valproic Acid			<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily)
DEPAKOTE ER TB24 250 MG (Use <i>divalproex sodium</i>)	NP	QL(3 ea daily)	<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 ea daily)
DEPAKOTE ER TB24 500 MG (Use <i>divalproex sodium</i>)	NP	QL(7 ea daily)	REMERON SOLTAB TBDP 15 MG (Use <i>mirtazapine</i>)	NP	QL(3 ea daily)
DEPAKOTE SPRINKLES CSDR (Use <i>divalproex sodium</i>)	NP	QL(8 ea daily)	REMERON SOLTAB TBDP 45 MG (Use <i>mirtazapine</i>)	NP	QL(1 ea daily)
DEPAKOTE TBEC 250 MG (Use <i>divalproex sodium</i>)	NP	QL(3 ea daily)	REMERON SOLTAB TBDP 30 MG (Use <i>mirtazapine</i>)	NP	QL(1.5 ea daily)
DEPAKOTE TBEC 500 MG (Use <i>divalproex sodium</i>)	NP	QL(7 ea daily)	REMERON TABS 15 MG (Use <i>mirtazapine</i>)	NP	QL(3 ea daily)
DEPAKOTE TBEC 125 MG (Use <i>divalproex sodium</i>)	NP	QL(2 ea daily)	REMERON TABS 30 MG (Use <i>mirtazapine</i>)	NP	QL(1.5 ea daily)
<i>divalproex sodium CSDR</i>	P	QL(8 ea daily)	Antidepressants - Misc.		
<i>divalproex sodium TB24 500 MG</i>	P	QL(7 ea daily)	<i>bupropion hcl TABS</i>	P	QL(3 ea daily)
<i>divalproex sodium TB24 250 MG</i>	P	QL(3 ea daily)	<i>bupropion hcl TB12 150 MG</i>	P	QL(3 ea daily)
<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 ea daily)	<i>bupropion hcl TB12 100 MG</i>	P	QL(4 ea daily)
			<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily)

Georgia Medicaid Updated November 1, 2024
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<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily)	CELEXA TABS 10 MG <i>(Use citalopram hydrobromide)</i>	NP	QL(4 ea daily)
<i>bupropion hcl TB24 300 MG</i>	P	QL(1 ea daily)	<i>citalopram hydrobromide SOLN</i>	P	
WELLBUTRIN SR TB12 200 MG <i>(Use bupropion hcl)</i>	NP	QL(2 ea daily)	<i>citalopram hydrobromide TABS 10 MG</i>	P	QL(4 ea daily)
WELLBUTRIN SR TB12 100 MG <i>(Use bupropion hcl)</i>	NP	QL(4 ea daily)	<i>citalopram hydrobromide TABS 40 MG</i>	P	QL(1 ea daily)
WELLBUTRIN SR TB12 150 MG <i>(Use bupropion hcl)</i>	NP	QL(3 ea daily)	<i>citalopram hydrobromide TABS 20 MG</i>	P	QL(2 ea daily)
WELLBUTRIN XL TB24 150 MG <i>(Use bupropion hcl)</i>	NP	QL(3 ea daily)	<i>escitalopram oxalate TABS 5 MG</i>	P	QL(4 ea daily); AL(At least 12 yrs old)
WELLBUTRIN XL TB24 300 MG <i>(Use bupropion hcl)</i>	NP	QL(1 ea daily)	<i>escitalopram oxalate TABS 10 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old)
GABA Receptor Modulator - Neuroactive Steroid			<i>escitalopram oxalate TABS 20 MG</i>	P	QL(1 ea daily); AL(At least 12 yrs old)
ZULRESSO	P	SP; PA	<i>fluoxetine hcl CAPS 40 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>fluoxetine hcl CAPS 10 MG, 20 MG</i>	P	QL(4 ea daily)
NARDIL <i>(Use phenelzine sulfate)</i>	NP		<i>fluoxetine hcl SOLN</i>	P	QL(600 ml per 30 day(s) retail); AL(Up to 6 yrs old)
PARNATE <i>(Use tranylcypromine sulfate)</i>	NP		<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)
<i>phenelzine sulfate</i>	P		<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 ea daily)
<i>tranylcypromine sulfate</i>	P		<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 ea daily)
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 ea daily)
SPRAVATO 56MG DOSE	P	SP; PA	LEXAPRO TABS 20 MG <i>(Use escitalopram oxalate)</i>	NP	QL(1 ea daily); AL(At least 12 yrs old)
SPRAVATO 84MG DOSE	P	SP; PA	LEXAPRO TABS 5 MG <i>(Use escitalopram oxalate)</i>	NP	QL(4 ea daily); AL(At least 12 yrs old)
Selective Serotonin Reuptake Inhibitors (SSRIs)					
CELEXA TABS 20 MG <i>(Use citalopram hydrobromide)</i>	NP	QL(2 ea daily)			
CELEXA TABS 40 MG <i>(Use citalopram hydrobromide)</i>	NP	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LEXAPRO TABS 10 MG (Use escitalopram oxalate)	NP	QL(2 ea daily); AL(At least 12 yrs old)	trazodone hcl TABS 300 MG	P	QL(2 ea daily)
paroxetine hcl SUSP	P	QL(40 ml daily); PA	trazodone hcl TABS 50 MG, 100 MG, 150 MG	P	
paroxetine hcl TABS 10 MG	P	QL(6 ea daily)	TRINTELLIX	P	QL(1 ea daily); AL(At least 18 yrs old); PA
paroxetine hcl TABS 30 MG, 40 MG	P	QL(2 ea daily)	VIIBRYD TABS (Use vilazodone hcl)	NP	QL(1 ea daily); PA
paroxetine hcl TABS 20 MG	P	QL(3 ea daily)	vilazodone hcl TABS	P	QL(1 ea daily); PA
paroxetine hcl TB24	P		Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL CR TB24 (Use paroxetine hcl)	NP		CYMBALTA CPEP (Use duloxetine hcl)	NP	QL(1 ea daily); AL(At least 7 yrs old)
PAXIL SUSP (Use paroxetine hcl)	NP	QL(40 ml daily); PA	desvenlafaxine succinate 25 MG, 50 MG	P	QL(1 ea daily); ST
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	NP	QL(2 ea daily)	desvenlafaxine succinate 100 MG	P	QL(4 ea daily); ST
PAXIL TABS 10 MG (Use paroxetine hcl)	NP	QL(6 ea daily)	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	P	QL(1 ea daily); AL(At least 7 yrs old)
PAXIL TABS 20 MG (Use paroxetine hcl)	NP	QL(3 ea daily)	EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	NP	QL(2 ea daily)
PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	NP	QL(4 ea daily)	EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	NP	QL(4 ea daily)
PROZAC CAPS 40 MG (Use fluoxetine hcl)	NP	QL(2 ea daily); AL(At least 7 yrs old)	EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	NP	QL(5 ea daily)
sertraline hcl CONC	P	QL(6 ml daily)	PRISTIQ 100 MG (Use desvenlafaxine succinate)	NP	QL(4 ea daily); ST
sertraline hcl TABS 25 MG, 50 MG	P	QL(4 ea daily)	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 ea daily); ST
sertraline hcl TABS 100 MG	P	QL(2 ea daily)	venlafaxine hcl CP24 37.5 MG	P	QL(4 ea daily)
ZOLOFT CONC (Use sertraline hcl)	NP	QL(6 ml daily)	venlafaxine hcl CP24 150 MG	P	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	NP	QL(4 ea daily)	venlafaxine hcl CP24 75 MG	P	QL(5 ea daily)
ZOLOFT TABS 100 MG (Use sertraline hcl)	NP	QL(2 ea daily)	venlafaxine hcl TABS	P	
Serotonin Modulators			venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	P	QL(1 ea daily)
nefazodone hcl	P				

Georgia Medicaid Updated November 1, 2024
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<i>venlafaxine hcl TB24 150 MG</i>	P	QL(2 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl TABS</i>	P	
<i>amoxapine</i>	P	
<i>ANAFRANIL 75 MG (Use clomipramine hcl)</i>	NP	
<i>clomipramine hcl 75 MG</i>	P	
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	P	
<i>desipramine hcl TABS 25 MG</i>	P	QL(2 ea daily)
<i>doxepin hcl CAPS</i>	P	
<i>doxepin hcl CONC</i>	P	
<i>imipramine hcl TABS</i>	P	
<i>NORPRAMIN TABS 25 MG (Use desipramine hcl)</i>	NP	QL(2 ea daily)
<i>NORPRAMIN TABS 10 MG (Use desipramine hcl)</i>	NP	
<i>nortriptyline hcl CAPS</i>	P	
<i>nortriptyline hcl SOLN</i>	P	QL(20 ml daily)
<i>PAMELOR CAPS (Use nortriptyline hcl)</i>	NP	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Antidiabetic - Amylin Analogs		
<i>SYMLINPEN 120 SOPN</i>	P	QL(11 ml per 30 day(s) retail); PA
<i>SYMLINPEN 60 SOPN</i>	P	QL(6 ml per 30 day(s) retail); PA
Antidiabetic Combinations		
<i>ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)</i>	NP	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	P	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	P	
<i>dapagliflozin propanediol-metformin hcl 1000 MG-5 MG</i>	P	QL(2 ea daily)
<i>dapagliflozin propanediol-metformin hcl 1000 MG-10 MG</i>	P	QL(1 ea daily)
<i>glipizide-metformin hcl</i>	P	
<i>glyburide-metformin</i>	P	
<i>KAZANO (Use alogliptin-metformin hcl)</i>	NP	
<i>KOMBIGLYZE XR (Use saxagliptin-metformin hcl)</i>	NP	QL(1 ea daily)
<i>OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)</i>	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	P	QL(2 ea daily)
<i>saxagliptin-metformin hcl</i>	P	QL(1 ea daily)
<i>SOLQUA 100/33</i>	P	QL(0.6 ml daily); PA
<i>XIGDUO XR (Use dapagliflozin propanediol-metformin hcl)</i>	NP	
Biguanides		
<i>metformin hcl TABS 500 MG</i>	P	QL(4 ea daily)
<i>metformin hcl TABS 850 MG, 1000 MG</i>	P	
<i>metformin hcl TB24 500 MG</i>	P	QL(4 ea daily)
<i>metformin hcl TB24 750 MG</i>	P	QL(3 ea daily)
Diabetic Other		
<i>BD GLUCOSE CHEW</i>	P	OTC; QL(50 ea per 30 day(s) retail)
<i>CVS GLUCOSE</i>	P	QL(50 ea per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CVS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	KROGER GLUCOSE	P	QL(50 ea per 30 day(s) retail)
CVS SOFT GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	LEADER GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 day(s) retail)
DEX4	P	QL(50 ea per 30 day(s) retail)	LEADER QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
DEX4 FAST ACTING GLUCOSE	P	QL(50 ea per 30 day(s) retail)	LONGS GLUCOSE	P	QL(50 ea per 30 day(s) retail)
DEX4 NATURALS	P	QL(50 ea per 30 day(s) retail)	MEIJER GLUCOSE	P	QL(50 ea per 30 day(s) retail)
DEX4 POUCH PACK	P	QL(50 ea per 30 day(s) retail)	<i>mifepristone (hyperglycemia)</i>	P	SP; PA
DEX4 QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	PREFERRED PLUS GLUCOSE	P	QL(50 ea per 30 day(s) retail)
<i>glucagon (rdna)</i>	P	QL(1 ea per fill retail)	PX GLUCOSE	P	QL(50 ea per 30 day(s) retail)
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NP	QL(1 ea per fill retail)	RA GLUCOSE	P	QL(50 ea per 30 day(s) retail)
GLUCO TO GO CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	RELION GLUCOSE	P	QL(50 ea per 30 day(s) retail)
GLUCOSE	P	QL(50 ea per 30 day(s) retail)	SM GLUCOSE	P	QL(50 ea per 30 day(s) retail)
GLUCOSE INSTANT ENERGY	P	QL(50 ea per 30 day(s) retail)	SM GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	SMART SENSE GLUCOSE	P	QL(50 ea per 30 day(s) retail)
GNP GLUCOSE 6 MG-4 GM	P	QL(50 ea per 30 day(s) retail)	SMART SENSE GLUCOSE TABLETS	P	QL(50 ea per 30 day(s) retail)
GNP GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	TGT GLUCOSE	P	QL(50 ea per 30 day(s) retail)
GNP QUICK DISSOLVE GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)	TRUEPLUS GLUCOSE ON THE GO CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
GOODSENSE GLUCOSE	P	QL(50 ea per 30 day(s) retail)	TRUEPLUS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)
HY-VEE GLUCOSE	P	QL(50 ea per 30 day(s) retail)	UP & UP GLUCOSE	P	QL(50 ea per 30 day(s) retail)
KORLYM (<i>Use mifepristone (hyperglycemia)</i>)	NP	SP; PA	VALUE PLUS GLUCOSE	P	QL(50 ea per 30 day(s) retail)
			WALGREENS GLUCOSE	P	QL(50 ea per 30 day(s) retail)
			WALGREENS GLUCOSE CHEW	P	OTC; QL(50 ea per 30 day(s) retail)

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			HUMULIN N SUSP	P	QL(40 ml per 30 day(s) retail)
<i>alogliptin benzoate</i>	P		HUMULIN R SOLN IJ	P	OTC; QL(40 ml per 30 day(s) retail)
NESINA (Use <i>alogliptin benzoate</i>)	NP		INSULIN ASPART FLEXPEN SOPN	P	QL(1.34 ml daily)
ONGLYZA (Use <i>saxagliptin hcl</i>)	NP	QL(1 ea daily)	INSULIN ASPART PENFILL SOCT	P	QL(1.34 ml daily)
<i>saxagliptin hcl</i>	P	QL(1 ea daily)	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(1 ml daily)
Incretin Mimetic Agents			INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 30 day(s) retail)
BYDUREON BCISE AUJ	P	QL(3.4 ml per 28 day(s) retail); PA	INSULIN ASPART SOLN IJ	P	QL(1.34 ml daily)
BYETTA SOPN 5 MCG/0.02ML	P	QL(1.2 ml per 30 day(s) retail); AL(At least 18 yrs old); PA	INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	P	QL(1.5 ml daily)
BYETTA SOPN 10 MCG/0.04ML	P	QL(2.4 ml per 30 day(s) retail); AL(At least 18 yrs old); PA	INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	P	QL(0.9 ml daily)
<i>liraglutide</i>	P	QL(0.3 ml daily); PA	INSULIN DEGLUDEC SOLN	P	QL(1.5 ml daily)
TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	P	QL(2 ml per 28 day(s) retail); PA	INSULIN GLARGINE-YFGN SOLN	P	QL(1 ml daily)
VICTOZA (Use <i>liraglutide</i>)	NP	QL(0.3 ml daily); PA	INSULIN GLARGINE-YFGN SOPN	P	QL(1 ml daily)
Insulin			INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	
ADMELOG SOLOSTAR SOPN	NP		INSULIN LISPRO KWIKPEN SOPN	P	QL(1.34 ml daily)
ADMELOG SOLN IJ	NP		INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(1 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	NP		INSULIN LISPRO SOLN IJ	P	QL(40 ml per 30 day(s) retail)
HUMALOG SOLN IJ	NP		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	
HUMULIN 70/30 KWIKPEN SUPN	P	OTC; QL(1 ml daily)	NOVOLIN 70/30 FLEXPEN SUPN	P	OTC; QL(1 ml daily)
HUMULIN 70/30 SUSP	P	OTC; QL(40 ml per 30 day(s) retail)	NOVOLIN 70/30 RELION SUSP	NP	
HUMULIN N KWIKPEN SUPN	P	OTC; QL(1 ml daily)			

Georgia Medicaid Updated November 1, 2024
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NOVOLIN 70/30 SUSP	P	OTC; QL(40 ml per 30 day(s) retail)
NOVOLIN N FLEXPEN RELION SUPN	NP	
NOVOLIN N FLEXPEN SUPN	P	OTC; QL(1 ml daily)
NOVOLIN N RELION SUSP	NP	
NOVOLIN N SUSP	P	QL(40 ml per 30 day(s) retail)
NOVOLIN R RELION SOLN IJ	NP	
NOVOLIN R SOLN IJ	P	OTC; QL(40 ml per 30 day(s) retail)
NOVOLOG FLEXPEN RELION SOPN	NP	
NOVOLOG FLEXPEN SOPN	NP	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	NP	
NOVOLOG MIX 70/30 RELION SUSP	NP	
NOVOLOG MIX 70/30 SUSP	NP	
NOVOLOG PENFILL SOCT	NP	
NOVOLOG RELION SOLN IJ	NP	
NOVOLOG SOLN IJ	NP	
SEMGLEE SOLN	NP	
SEMGLEE SOPN	NP	
TRESIBA FLEXTOUCH SOPN	NP	
TRESIBA SOLN	NP	
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily)
pioglitazone hcl	P	QL(1 ea daily)
Meglitinide Analogues		

Drug Name	Drug Tier	Requirements/Limits
nateglinide	P	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
dapagliflozin propanediol	P	QL(1 ea daily)
FARXIGA (Use dapagliflozin propanediol)	NP	
FARXIGA	NP	
Sulfonylureas		
AMARYL 1 MG, 2 MG (Use glimepiride)	NP	QL(4 ea daily)
AMARYL 4 MG (Use glimepiride)	NP	QL(2 ea daily)
glimepiride 1 MG, 2 MG	P	QL(4 ea daily)
glimepiride 4 MG	P	QL(2 ea daily)
glipizide TABS	P	
glipizide TB24	P	
GLUCOTROL XL TB24 (Use glipizide)	NP	
glyburide micronized 1.5 MG, 3 MG, 6 MG	P	
glyburide TABS	P	
GLYNASE (Use glyburide micronized)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate CHEW 262 MG	P	OTC
bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	P	OTC
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NP	OTC
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NP	OTC

Georgia Medicaid Updated November 1, 2024
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PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NP	OTC
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	P	
<i>diphenoxylate w/ atropine TABS</i>	P	
IMODIUM A-D CAPS (Use loperamide hcl)	NP	OTC; QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (Use loperamide hcl)	NP	OTC; QL(8 ea daily)
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NP	
<i>loperamide hcl CAPS</i>	P	OTC; QL(8 ea daily); RX/OTC
<i>loperamide hcl TABS</i>	P	OTC; QL(8 ea daily)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET	P	
<i>deferasirox PACK</i>	P	SP; PA
<i>deferasirox TABS</i>	P	SP; PA
<i>deferasirox TBSO</i>	P	SP; PA
<i>deferiprone TABS</i>	P	SP; PA
EXJADE TBSO (Use deferasirox)	NP	SP; PA
FERRIPROX TWICE-A-DAY TABS	P	SP; PA
FERRIPROX SOLN	P	SP; PA
FERRIPROX TABS (Use deferiprone)	NP	SP; PA
JADENU SPRINKLE PACK (Use deferasirox)	NP	SP; PA
JADENU TABS (Use deferasirox)	NP	SP; PA
Antidotes and Specific Antagonists		
ANDEXXA 200 MG	P	SP; PA
BRIDION SOLN	P	SP; PA
<i>deferoxamine mesylate</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
DEFERAL 500 MG (Use deferoxamine mesylate)	NP	SP; PA
SM IPECAC SYRUP	P	
VISTOGARD	P	
Opioid Antagonists		
<i>naloxone hcl LIQD</i>	P	QL(4 ea per 90 day(s) retail); RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOSY 2 MG/2ML</i>	P	QL(4 ml per 90 day(s) retail)
<i>naltrexone hcl</i>	P	
NARCAN LIQD (Use naloxone hcl)	NP	QL(4 ea per 90 day(s) retail); RX/OTC
VIVITROL	P	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	QL(50 ml per 30 day(s) retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(2 ea daily)
<i>ondansetron hcl TABS 24 MG</i>	P	QL(1 ea per 14 day(s) retail)
<i>ondansetron TBDP 16 MG</i>	P	
<i>ondansetron TBDP 4 MG, 8 MG</i>	P	QL(2 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (Use meclizine hcl)	NP	OTC; RX/OTC
<i>dimenhydrinate TABS</i>	P	OTC; QL(24 ea per fill retail)
DRAMAMINE CHEW	P	OTC; QL(24 ea per fill retail)
DRAMAMINE TABS (Use dimenhydrinate)	NP	OTC; QL(24 ea per fill retail)

Georgia Medicaid Updated November 1, 2024
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<i>meclizine hcl CHEW</i>	P	OTC; RX/OTC	BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(240 ml per fill retail)
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	P	RX/OTC	BENADRYL ALLERGY EXTRA STRENGTH TABS	P	QL(4 ea daily)
ANTIFUNGALS - Drugs to Treat Fungal Infections			BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)
Antifungals			BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NP	QL(4 ea daily)
<i>griseofulvin microsize SUSP</i>	P		BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NP	OTC; QL(4 ea daily)
<i>griseofulvin microsize TABS</i>	P		<i>clemastine fumarate TABS 1.34 MG</i>	P	OTC; QL(2 ea daily)
<i>griseofulvin ultramicrosize</i>	P		DAYHIST ALLERGY 12 HOUR RELIEF TABS	P	OTC; QL(2 ea daily)
<i>nystatin TABS</i>	P	QL(6 ea daily)	<i>diphenhydramine hcl CAPS</i>	P	QL(4 ea daily)
<i>terbinafine hcl TABS</i>	P	QL(90 ea per 120 day(s) retail)	<i>diphenhydramine hcl ELIX 12.5 MG/5ML</i>	P	QL(240 ml per fill retail)
Imidazole-Related Antifungals			<i>diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	OTC; QL(240 ml per fill retail)
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NP	QL(70 ml per fill retail)	<i>diphenhydramine hcl TABS 25 MG</i>	P	OTC; QL(4 ea daily)
DIFLUCAN TABS 100 MG, 200 MG (<i>Use fluconazole</i>)	NP		Antihistamines - Non-Sedating		
DIFLUCAN TABS 150 MG (<i>Use fluconazole</i>)	NP	QL(2 ea per fill retail)	ALLEGRA ALLERGY TABS 60 MG (<i>Use fexofenadine hcl</i>)	NP	QL(2 ea daily)
<i>fluconazole SUSR</i>	P	QL(70 ml per fill retail)	ALLEGRA ALLERGY TABS 180 MG (<i>Use fexofenadine hcl</i>)	NP	QL(1 ea daily)
<i>fluconazole TABS 50 MG</i>	P	QL(3 ea per 14 day(s) retail)	<i>cetirizine hcl CHEW</i>	P	QL(1 ea daily)
<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill retail)	<i>cetirizine hcl SOLN OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>fluconazole TABS 100 MG, 200 MG</i>	P		<i>cetirizine hcl SYRP OR</i>	P	QL(240 ml per fill retail); RX/OTC
<i>itraconazole CAPS</i>	P	QL(1 ea daily); PA	<i>cetirizine hcl TABS</i>	P	QL(1 ea daily)
SPORANOX CAPS (<i>Use itraconazole</i>)	NP	QL(1 ea daily); PA	ANTIHISTAMINES - Drugs to Treat Allergies		
ANTIHISTAMINES - Drugs to Treat Allergies			Antihistamines - Alkylamines		
Antihistamines - Alkylamines			<i>chlorpheniramine maleate SYRP</i>	P	OTC
<i>chlorpheniramine maleate SYRP</i>	P	OTC	<i>chlorpheniramine maleate TABS</i>	P	OTC; QL(120 ea per fill retail)
<i>chlorpheniramine maleate TABS</i>	P	OTC; QL(120 ea per fill retail)	Antihistamines - Ethanolamines		

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	NP	OTC; QL(240 ml per fill retail)
CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	NP	OTC; QL(1 ea daily)
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	NP	OTC; QL(1 ea daily)
CLARITIN SOLN (Use loratadine)	NP	OTC; QL(240 ml per fill retail)
CLARITIN TABS (Use loratadine)	NP	OTC; QL(1 ea daily)
fexofenadine hcl TABS 60 MG	P	QL(2 ea daily)
fexofenadine hcl TABS 180 MG	P	QL(1 ea daily)
levocetirizine dihydrochloride TABS	P	RX/OTC
loratadine SOLN	P	OTC; QL(240 ml per fill retail)
loratadine TABS	P	OTC; QL(1 ea daily)
loratadine TBDP 10 MG	P	OTC; QL(1 ea daily)
XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	NP	RX/OTC
ZYRTEC ALLERGY TABS (Use cetirizine hcl)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl)	NP	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	NP	QL(240 ml per fill retail); RX/OTC
ZYRTEC CHEW 10 MG (Use cetirizine hcl)	NP	QL(1 ea daily)
Antihistamines - Phenothiazines		
promethazine hcl SOLN OR 6.25 MG/5ML	P	AL(At least 2 yrs old)
promethazine hcl SUPP	P	QL(12 ea per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl TABS	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
cyproheptadine hcl SYRP	P	
cyproheptadine hcl TABS	P	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Angiotensin-like Protein Inhibitors		
EVKEEZA	P	SP; PA
Antihyperlipidemics - Combinations		
ezetimibe-simvastatin	P	QL(1 ea daily); ST
VYTORIN (Use ezetimibe-simvastatin)	NP	QL(1 ea daily); ST
Bile Acid Sequestrants		
cholestyramine light PACK	P	
cholestyramine light POWD	P	
cholestyramine PACK	P	
cholestyramine POWD	P	
COLESTID FLAVORED GRAN (Use colestipol hcl)	NP	
COLESTID GRAN (Use colestipol hcl)	NP	
COLESTID TABS (Use colestipol hcl)	NP	
colestipol hcl GRAN	P	
colestipol hcl TABS	P	
QUESTRAN LIGHT POWD (Use cholestyramine light)	NP	
QUESTRAN PACK (Use cholestyramine)	NP	
QUESTRAN POWD (Use cholestyramine)	NP	
Fibric Acid Derivatives		

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>fenofibrate micronized 134 MG, 200 MG</i>	P	QL(1 ea daily)	<i>niacin (antihyperlipidemic) TABS</i>	P	
<i>fenofibrate micronized 67 MG</i>	P	QL(2 ea daily)	<i>niacin (antihyperlipidemic) TBCR</i>	P	
<i>fenofibrate TABS 160 MG</i>	P	QL(1 ea daily)	NIASPAN TBCR 1000 MG (Use <i>niacin (antihyperlipidemic)</i>)	NP	
<i>fenofibrate TABS 54 MG</i>	P	QL(3 ea daily)	Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
FENOFIBRATE TABS	P	QL(1 ea daily)	LEQVIO	P	SP; PA
<i>gemfibrozil TABS</i>	P	QL(2 ea daily)	PRALUENT SOAJ	P	SP; PA
LOPID TABS (Use <i>gemfibrozil</i>)	NP	QL(2 ea daily)	REPATHA PUSHTRONEX SYSTEM SOCT	P	SP; PA
HMG CoA Reductase Inhibitors			REPATHA SURECLICK SOAJ	P	SP; PA
<i>atorvastatin calcium TABS</i>	P	QL(1 ea daily)	REPATHA SOSY	P	SP; PA
CRESTOR TABS (Use <i>rosuvastatin calcium</i>)	NP	Try simvastatin or atorvastatin; QL(1 ea daily); ST	ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
LIPITOR TABS (Use <i>atorvastatin calcium</i>)	NP	QL(1 ea daily)	ACE Inhibitors		
<i>lovastatin TABS 10 MG, 20 MG</i>	P	QL(1 ea daily)	ACCUPRIL (Use <i>quinapril hcl</i>)	NP	
<i>lovastatin TABS 40 MG</i>	P	QL(2 ea daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use <i>ramipril</i>)	NP	QL(2 ea daily)
<i>pravastatin sodium</i>	P	QL(1 ea daily)	<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	P	QL(1 ea daily)
<i>rosuvastatin calcium TABS</i>	P	Try simvastatin or atorvastatin; QL(1 ea daily); ST	<i>benazepril hcl 40 MG</i>	P	QL(2 ea daily)
<i>simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG</i>	P	QL(1 ea daily)	<i>captopril</i>	P	QL(3 ea daily)
ZOCOR TABS 10 MG, 20 MG, 40 MG (Use <i>simvastatin</i>)	NP	QL(1 ea daily)	<i>enalapril maleate TABS</i>	P	QL(2 ea daily)
Intestinal Cholesterol Absorption Inhibitors			<i>fosinopril sodium</i>	P	QL(1 ea daily)
<i>ezetimibe</i>	P	ST	<i>lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily)
ZETIA (Use <i>ezetimibe</i>)	NP	ST	<i>lisinopril TABS 2.5 MG</i>	P	QL(1 ea daily)
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors			LOTENSIN 10 MG, 20 MG (Use <i>benazepril hcl</i>)	NP	QL(1 ea daily)
JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	P	SP; PA	LOTENSIN 40 MG (Use <i>benazepril hcl</i>)	NP	QL(2 ea daily)
Nicotinic Acid Derivatives			<i>quinapril hcl</i>	P	

Georgia Medicaid Updated November 1, 2024
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<i>ramipril CAPS</i>	P	QL(2 ea daily)
<i>trandolapril 4 MG</i>	P	QL(2 ea daily)
<i>trandolapril 1 MG, 2 MG</i>	P	QL(1 ea daily)
VASOTEC TABS (<i>Use enalapril maleate</i>)	NP	QL(2 ea daily)
ZESTRIL TABS 2.5 MG (<i>Use lisinopril</i>)	NP	QL(1 ea daily)
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (<i>Use lisinopril</i>)	NP	QL(2 ea daily)
Agents for Pheochromocytoma		
DEMSEER (<i>Use metyrosine</i>)	NP	SP; PA
<i>metyrosine</i>	P	SP; PA
Angiotensin II Receptor Antagonists		
ATACAND (<i>Use candesartan cilexetil</i>)	NP	
AVAPRO (<i>Use irbesartan</i>)	NP	QL(1 ea daily)
BENICAR (<i>Use olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; QL(1 ea daily); ST
<i>candesartan cilexetil</i>	P	
COZAAR (<i>Use losartan potassium</i>)	NP	QL(1 ea daily)
DIOVAN TABS (<i>Use valsartan</i>)	NP	QL(1 ea daily)
<i>irbesartan</i>	P	QL(1 ea daily)
<i>losartan potassium</i>	P	QL(1 ea daily)
MICARDIS (<i>Use telmisartan</i>)	NP	QL(1 ea daily)
<i>olmesartan medoxomil</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST
<i>telmisartan</i>	P	QL(1 ea daily)
<i>valsartan TABS</i>	P	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA (<i>Use doxazosin mesylate</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl TABS</i>	P	
<i>doxazosin mesylate</i>	P	
<i>guanfacine hcl</i>	P	
<i>methyldopa TABS</i>	P	
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NP	
<i>prazosin hcl CAPS</i>	P	
<i>terazosin hcl</i>	P	
Antihypertensive Combinations		
ACCURETIC 25 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ACCURETIC 12.5 MG-10 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)
ACCURETIC 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)
<i>amlodipine besylate-benazepril hcl</i>	P	QL(1 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	P	Use losartan or irbesartan; ST
<i>amlodipine besylate-valsartan</i>	P	Use losartan or irbesartan; ST
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST
ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP	
<i>atenolol & chlorthalidone</i>	P	QL(2 ea daily)
AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	Use losartan or irbesartan; ST
<i>benazepril & hydrochlorothiazide</i>	P	QL(1 ea daily)
BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; QL(1 ea daily); ST

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>bisoprolol & hydrochlorothiazide</i>	P	QL(1 ea daily)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use <i>amlodipine besylate-benazepril hcl</i>)	NP	QL(1 ea daily)
<i>candesartan cilexetil-hydrochlorothiazide</i>	P		<i>metoprolol & hydrochlorothiazide TABS 50 MG-100 MG</i>	P	QL(1 ea daily)
<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	P	QL(2 ea daily)	<i>metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG</i>	P	QL(2 ea daily)
<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	P	QL(3 ea daily)	MICARDIS HCT (Use <i>telmisartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
DIOVAN HCT (Use <i>valsartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	P	Use losartan or irbesartan; ST
<i>enalapril maleate & hydrochlorothiazide</i>	P	QL(2 ea daily)	<i>olmesartan medoxomil-hydrochlorothiazide</i>	P	Use losartan or irbesartan; QL(1 ea daily); ST
EXFORGE (Use <i>amlodipine besylate-valsartan</i>)	NP	Use losartan or irbesartan; ST	<i>quinapril-hydrochlorothiazide 12.5 MG-20 MG</i>	P	QL(4 ea daily)
EXFORGE HCT (Use <i>amlodipine-valsartan-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; ST	<i>quinapril-hydrochlorothiazide 25 MG-20 MG</i>	P	QL(2 ea daily)
<i>fosinopril sodium & hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>quinapril-hydrochlorothiazide 12.5 MG-10 MG</i>	P	QL(3 ea daily)
HYZAAR (Use <i>losartan potassium & hydrochlorothiazide</i>)	NP	QL(1 ea daily)	<i>telmisartan-amlodipine</i>	P	
<i>irbesartan-hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>telmisartan-hydrochlorothiazide</i>	P	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG</i>	P	QL(2 ea daily)	TENORETIC 100 (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>lisinopril & hydrochlorothiazide 25 MG-20 MG</i>	P	QL(1 ea daily)	TENORETIC 50 (Use <i>atenolol & chlorthalidone</i>)	NP	QL(2 ea daily)
<i>losartan potassium & hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>trandolapril-verapamil hcl</i>	P	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use <i>benazepril & hydrochlorothiazide</i>)	NP	QL(1 ea daily)	TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	Use losartan or irbesartan; ST
			<i>valsartan-hydrochlorothiazide</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(2 ea daily)
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide)	NP	QL(1 ea daily)
ZIAC (Use bisoprolol & hydrochlorothiazide)	NP	QL(1 ea daily)
Antihypertensives - Misc.		
VECAMYL	P	SP; PA
Vasodilators		
hydralazine hcl TABS	P	
minoxidil 2.5 MG	P	QL(3 ea daily)
minoxidil 10 MG	P	QL(10 ea daily)
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
metronidazole TABS	P	
trimethoprim TABS	P	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim)	NP	
BACTRIM TABS (Use sulfamethoxazole-trimethoprim)	NP	
methenamine-hyosc-methylene blue-sod phospheryl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	P	
sulfamethoxazole-trimethoprim SUSP	P	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim TABS	P	
Carbapenems		
ertapenem sodium IJ	P	SP; PA
INVANZ IJ (Use ertapenem sodium)	NP	SP; PA
Glycopeptides		
FIRVANQ SOLR OR (Use vancomycin hcl)	NP	QL(300 ml per fill retail)
VANCOCIN CAPS 125 MG (Use vancomycin hcl)	NP	QL(4 ea daily)
VANCOCIN CAPS 250 MG (Use vancomycin hcl)	NP	QL(8 ea daily)
vancomycin hcl CAPS 125 MG	P	QL(4 ea daily)
vancomycin hcl CAPS 250 MG	P	QL(8 ea daily)
vancomycin hcl SOLR IV 1 GM, 1000 MG	P	QL(14 ea per fill retail)
vancomycin hcl SOLR IV 500 MG	P	QL(14 ea per 30 day(s) retail)
vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML	P	QL(300 ml per fill retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	P	QL(14 ea per 30 day(s) retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	P	QL(14 ea per fill retail)
Leprostics		
dapsone	P	
Lincosamides		
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	NP	
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	NP	QL(300 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl 150 MG, 300 MG</i>	P	
<i>clindamycin palmitate hydrochloride</i>	P	QL(300 ml per fill retail)
Monobactams		
CAYSTON	P	SP; PA
Oxazolidinones		
SIVEXTRO TABS	P	QL(6 ea per fill retail); PA
Pleuromutilins		
XENLETA TABS	P	SP; PA
Urinary Anti-infectives		
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NP	
MACRODANTIN 50 MG, 100 MG (<i>Use nitrofurantoin macrocrystal</i>)	NP	
<i>methenamine mandelate 0.5 GM, 1 GM</i>	P	
<i>nitrofurantoin</i>	P	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	P	
<i>nitrofurantoin monohyd macro</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
COARTEM	P	QL(24 ea per fill retail)
Antimalarials		
<i>chloroquine phosphate TABS 250 MG</i>	P	
<i>chloroquine phosphate TABS 500 MG</i>	P	QL(1 ea daily)
DARAPRIM (<i>Use pyrimethamine</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate 200 MG</i>	P	
KRINTAFEL	P	QL(2 ea per 30 day(s) retail)
<i>mefloquine hcl</i>	P	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NP	
<i>primaquine phosphate TABS</i>	P	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NP	
<i>pyrimethamine</i>	P	SP; PA
SOVUNA 200 MG	P	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NP	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NP	
<i>pyridostigmine bromide TABS 60 MG</i>	P	
<i>pyridostigmine bromide TBCR</i>	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl TABS</i>	P	
<i>isoniazid SYRP</i>	P	
<i>isoniazid TABS</i>	P	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NP	
MYCOBUTIN (<i>Use rifabutin</i>)	NP	
<i>pyrazinamide</i>	P	
<i>rifabutin</i>	P	
<i>rifampin CAPS</i>	P	
TRECTOR	P	

Georgia Medicaid

Updated November 1, 2024

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer					
Alkylating Agents					
ALKERAN (Use <i>melphalan</i>)	NP		TEMODAR CAPS 250 MG (Use <i>temozolomide</i>)	NP	SP; PA
ALKERAN IV (Use <i>melphalan hcl</i>)	NP	SP; PA	TEMODAR SOLR	P	SP; PA
BELRAPZO SOLN	P	SP; PA	<i>temozolomide CAPS</i>	P	SP; PA
<i>bendamustine hcl SOLR</i>	P	SP; PA	TEPADINA (Use <i>thiotepa</i>)	NP	SP; PA
BENDAMUSTINE HYDROCHLORIDE SOLN	P	SP; PA	<i>thiotepa</i>	P	SP; PA
BENDEKA SOLN	P	SP; PA	TREANDA SOLR (Use <i>bendamustine hcl</i>)	NP	SP; PA
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	P	SP; PA	VIVIMUSTA SOLN	P	SP; PA
<i>cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML</i>	P	SP; PA	YONDELIS	P	SP; PA
CISPLATIN SOLR	P	SP; PA	ZEPZELCA	P	SP; PA
CYCLOPHOSPHAMIDE MONOHYDRATE SOLN (Use <i>cyclophosphamide</i>)	NP	SP; PA	Antimetabolites		
<i>cyclophosphamide SOLN</i>	P	SP; PA	ALIMTA SOLR (Use <i>pemetrexed disodium</i>)	NP	SP; PA
CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	P	SP; PA	<i>azacitidine SUSR</i>	P	SP; PA
CYCLOPHOSPHAMIDE SOLN (Use <i>cyclophosphamide</i>)	NP	SP; PA	<i>capecitabine</i>	P	SP; PA
<i>cyclophosphamide SOLR IJ</i>	P	SP; PA	<i>cladribine 10 MG/10ML</i>	P	SP; PA
EVOMELA IV	P	SP; PA	<i>cytarabine SOLN</i>	P	SP; PA
KEMOPLAT SOLN	P	SP; PA	<i>decitabine</i>	P	SP; PA
LEUKERAN	P		<i>fludarabine phosphate SOLN</i>	P	SP; PA
<i>melphalan</i>	P		FLUDARABINE PHOSPHATE SOLN	P	SP; PA
<i>melphalan hcl IV</i>	P	SP; PA	<i>fludarabine phosphate SOLR</i>	P	SP; PA
MYLERAN TABS	P		FOLOTYN	P	SP; PA
			<i>mercaptopurine TABS</i>	P	
			<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
			<i>methotrexate sodium TABS 2.5 MG</i>	P	
			ONUREG TABS	P	SP; PA
			PEMETREXED 500 MG/20ML	P	SP; PA
			<i>pemetrexed disodium SOLR 100 MG, 500 MG</i>	P	SP; PA
			PEMFEXY	P	SP; PA

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>pralatrexate</i>	P	SP; PA	EMPLICITI	P	SP; PA
PURIXAN SUSP	P		ENHERTU	P	SP; PA
TABLOID	P	SP; PA	GAZYVA	P	SP; PA
TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	P		IMFINZI	P	SP; PA
VIDAZA SUSR (<i>Use azacitidine</i>)	NP	SP; PA	JEMPERLI	P	SP; PA
XELODA (<i>Use capecitabine</i>)	NP	SP; PA	KADCYLA	P	SP; PA
Antineoplastic - Angiogenesis Inhibitors			KEYTRUDA	P	SP; PA
CYRAMZA	P	SP; PA	KIMMTRAK	P	SP; PA
INLYTA	P	SP; PA	LIBTAYO	P	SP; PA
LENVIMA 10 MG DAILY DOSE	P	QL(1 ea daily); SP; PA	LUMOXITI	P	SP; PA
LENVIMA 12MG DAILY DOSE	P	QL(3 ea daily); SP; PA	MONJUVI	P	SP; PA
LENVIMA 14 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	MYLOTARG	P	SP; PA
LENVIMA 18 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	OPDIVO	P	SP; PA
LENVIMA 20 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	PADCEV	P	SP; PA
LENVIMA 24 MG DAILY DOSE	P	QL(3 ea daily); SP; PA	POLIVY	P	SP; PA
LENVIMA 4 MG DAILY DOSE	P	QL(1 ea daily); SP; PA	POTELIGEO	P	SP; PA
LENVIMA 8 MG DAILY DOSE	P	QL(2 ea daily); SP; PA	RIABNI	P	SP; PA
MVASI	P	SP; PA	RITUXAN	P	SP; PA
ZALTRAP	P	SP; PA	RUXIENCE	P	SP; PA
ZIRABEV	P	SP; PA	TECENTRIQ	P	SP; PA
Antineoplastic - Antibodies			TIVDAK	P	SP; PA
ADCETRIS	P	SP; PA	TRUXIMA	P	SP; PA
ARZERRA	P	SP; PA	UNITUXIN	P	SP; PA
BAVENCIO	P	SP; PA	YERVOY	P	SP; PA
BESPONSA	P	SP; PA	ZEVALIN Y-90	P	SP; PA
BLENREP	P	SP; PA	ZYNLONTA	P	SP; PA
BLINCYTO	P	SP; PA	Antineoplastic - Anti-HER2 Agents		
DARZALEX	P	SP; PA	HERCEPTIN 150 MG	P	SP; PA
			KANJINTI 420 MG	P	SP; PA
			MARGENZA	P	SP; PA
			OGIVRI	P	SP; PA
			PERJETA	P	SP; PA
			TRAZIMERA	P	SP; PA
			TUKYSA	P	SP; PA
			Antineoplastic - BCL-2 Inhibitors		

Georgia Medicaid Updated November 1, 2024
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VENCLEXTA STARTING PACK TBPK	P	SP; PA	ELIGARD SC 22.5 MG, 30 MG, 45 MG	P	SP; PA
VENCLEXTA TABS	P	SP; PA	ELIGARD KIT SC 7.5 MG	P	SP; PA
Antineoplastic - Cellular Immunotherapy			EMCYT	P	SP; PA
ABECMA	P	SP; PA	ERLEADA 60 MG	P	SP; PA
BREYANZI	P	SP; PA	EULEXIN	P	
CARVYKTI	P	SP; PA	<i>exemestane</i>	P	
TECARTUS	P	SP; PA	FARESTON (<i>Use toremifene citrate</i>)	NP	PA
Antineoplastic - EGFR Inhibitors			FEMARA (<i>Use letrozole</i>)	NP	
ERBITUX	P	SP; PA	FIRMAGON 80 MG	P	SP; PA
<i>erlotinib hcl</i>	P	SP; PA	<i>flutamide</i>	P	
EXKIVITY	P	SP; PA	<i>hydroxyprogesterone caproate (antineoplastic)</i>	P	SP; PA
<i>gefitinib</i>	P	SP; PA	<i>letrozole</i>	P	
GILOTRIF	P	SP; PA	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE	P	SP; PA
IRESSA (<i>Use gefitinib</i>)	NP	SP; PA	<i>leuprolide acetate KIT IJ 1 MG/0.2ML</i>	P	SP; PA
PORTRAZZA	P	SP; PA	LUPRON DEPOT (1-MONTH) KIT IM	P	SP; PA
TAGRISO	P	SP; PA	LUPRON DEPOT (3-MONTH) KIT IM	P	SP; PA
TARCEVA 100 MG, 150 MG (<i>Use erlotinib hcl</i>)	NP	SP; PA	LUPRON DEPOT (4-MONTH) IM	P	SP; PA
VECTIBIX 100 MG/5ML, 400 MG/20ML	P	SP; PA	LUPRON DEPOT (6-MONTH) IM	P	SP; PA
VIZIMPRO	P	SP; PA	LYSODREN	P	SP; PA
Antineoplastic - Hedgehog Pathway Inhibitors			<i>megestrol acetate SUSP</i>	P	
DAURISMO	P	SP; PA	<i>megestrol acetate TABS</i>	P	
ERIVEDGE	P	SP; PA	NUBEQA	P	SP; PA
ODOMZO	P	SP; PA	ORGOVYX	P	SP; PA
Antineoplastic - Hormonal and Related Agents			<i>tamoxifen citrate TABS</i>	P	
<i>abiraterone acetate</i>	P	SP; PA	<i>toremifene citrate</i>	P	PA
<i>anastrozole</i>	P		TRELSTAR MIXJECT	P	SP; PA
ARIMIDEX (<i>Use anastrozole</i>)	NP		XTANDI CAPS	P	SP; PA
AROMASIN (<i>Use exemestane</i>)	NP		XTANDI TABS	P	SP; PA
<i>bicalutamide</i>	P	QL(1 ea daily)	YONSA	P	SP; PA
CAMCEVI	P	SP; PA			
CASODEX (<i>Use bicalutamide</i>)	NP	QL(1 ea daily)			

Georgia Medicaid Updated November 1, 2024
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ZOLADEX	P	SP; PA	KISQALI FEMARA 400 DOSE	P	SP; PA
ZYTIGA (Use abiraterone acetate)	NP	SP; PA	KISQALI FEMARA 600 DOSE	P	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors			LONSURF	P	SP; PA
WELIREG	P	SP; PA	OPDUALAG	P	SP; PA
Antineoplastic - Immunomodulators			PHESGO	P	SP; PA
POMALYST	P	SP; PA	RITUXAN HYCELA	P	SP; PA
Antineoplastic - PDGFR-alpha Inhibitors			VYXEOS	P	SP; PA
AYVAKIT	P	QL(1 ea daily); SP; PA	Antineoplastic Enzyme Inhibitors		
Antineoplastic - XPO1 Inhibitors			AFINITOR DISPERZ TBSO (Use everolimus)	NP	SP; PA
XPOVIO	P	SP; PA	AFINITOR TABS (Use everolimus)	NP	SP; PA
XPOVIO 60 MG TWICE WEEKLY	P	SP; PA	ALECENSA	P	SP; PA
XPOVIO 80 MG TWICE WEEKLY	P	SP; PA	ALIQOPA	P	SP; PA
Antineoplastic Antibiotics			ALUNBRIG TABS	P	SP; PA
daunorubicin hcl SOLN	P	SP; PA	ALUNBRIG TBPK	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML	P	SP; PA	BALVERSA	P	SP; PA
DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl)	NP	SP; PA	BELEODAQ	P	SP; PA
ELLECE SOLN	P	SP; PA	bortezomib SOLR IJ	P	SP; PA
mitoxantrone hcl 2 MG/ML	P	SP; PA	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	P	SP; PA
valrubicin	P	SP; PA	BOSULIF TABS	P	SP; PA
VALSTAR (Use valrubicin)	NP	SP; PA	BRAFTOVI 75 MG	P	SP; PA
Antineoplastic Combinations			BRUKINSA	P	SP; PA
DARZALEX FASPRO	P	SP; PA	CABOMETYX TABS 20 MG, 60 MG	P	QL(1 ea daily); SP; PA
HERCEPTIN HYLECTA	P	SP; PA	CABOMETYX TABS 40 MG	P	QL(2 ea daily); SP; PA
INQOVI	P	SP; PA	CALQUENCE	P	SP; PA
KISQALI FEMARA 200 DOSE	P	SP; PA	CAPRELSA	P	SP; PA
			COMETRIQ KIT	P	SP; PA
			COPIKTRA	P	SP; PA
			COTELLIC	P	SP; PA
			dasatinib	P	SP; PA
			everolimus TABS	P	SP; PA
			everolimus TBSO	P	SP; PA

Georgia Medicaid Updated November 1, 2024
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FOTIVDA	P	SP; PA	PIQRAY 300MG DAILY DOSE	P	SP; PA
FYARRO	P	SP; PA	QINLOCK	P	SP; PA
GAVRETO	P	SP; PA	RETEVMO CAPS	P	SP; PA
GLEEVEC (<i>Use imatinib mesylate</i>)	NP	SP; PA	<i>romidepsin SOLR</i>	P	SP; PA
IBRANCE CAPS	P	SP; PA	ROZLYTREK CAPS	P	SP; PA
IBRANCE TABS	P	SP; PA	RUBRACA	P	SP; PA
ICLUSIG	P	QL(1 ea daily); SP; PA	RYDAPT	P	SP; PA
IDHIFA	P	SP; PA	SCEMBLIX 100 MG	P	SP
<i>imatinib mesylate</i>	P	SP; PA	SCEMBLIX 20 MG, 40 MG	P	SP; PA
IMBRUVICA CAPS	P	SP; PA	<i>sorafenib tosylate</i>	P	SP; PA
IMBRUVICA TABS	P	QL(1 ea daily); SP; PA	SPRYCEL (<i>Use dasatinib</i>)	NP	SP; PA
INREBIC	P	SP; PA	STIVARGA	P	SP; PA
ISTODAX SOLR (<i>Use romidepsin</i>)	NP	SP; PA	<i>sunitinib malate</i>	P	SP; PA
JAKAFI	P	QL(2 ea daily); SP; PA	SUTENT (<i>Use sunitinib malate</i>)	NP	SP; PA
KISQALI	P	SP; PA	TABRECTA	P	SP; PA
KOSELUGO	P	SP; PA	TAFINLAR CAPS	P	SP; PA
KYPROLIS	P	SP; PA	TALZENNA	P	SP; PA
<i>lapatinib ditosylate</i>	P	SP; PA	TASIGNA	P	SP; PA
LORBRENA	P	SP; PA	TAZVERIK	P	SP; PA
LUMAKRAS	P	SP; PA	<i>temsirolimus</i>	P	SP; PA
LYNPARZA TABS	P	QL(4 ea daily); SP; PA	TIBSOVO	P	SP; PA
MEKINIST TABS	P	SP; PA	TORISEL (<i>Use temsirolimus</i>)	NP	SP; PA
MEKTOVI	P	SP; PA	TURALIO	P	SP; PA
NERLYNX	P	SP; PA	TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP; PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	NP	SP; PA	VELCADE SOLR IJ (<i>Use bortezomib</i>)	NP	SP; PA
NINLARO	P	SP; PA	VERZENIO	P	QL(2 ea daily); SP; PA
<i>pazopanib hcl</i>	P	SP; PA	VITRAKVI CAPS	P	SP; PA
PEMAZYRE	P	SP; PA	VITRAKVI SOLN	P	SP; PA
PIQRAY 200MG DAILY DOSE	P	SP; PA	VONJO	P	SP; PA
PIQRAY 250MG DAILY DOSE	P	SP; PA	VOTRIENT (<i>Use pazopanib hcl</i>)	NP	SP; PA
			XALKORI CAPS	P	SP; PA

Georgia Medicaid Updated November 1, 2024
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XOSPATA	P	SP; PA
ZEJULA CAPS	P	SP; PA
ZELBORAF	P	SP; PA
ZOLINZA	P	SP; PA
ZYDELIG	P	SP; PA
ZYKADIA TABS	P	SP; PA
Antineoplastic Enzymes		
ASPARLAS	P	SP; PA
ONCASPAR	P	SP; PA
RYLAZE	P	SP; PA
Antineoplastic Radiopharmaceuticals		
AZEDRA DOSIMETRIC	P	SP; PA
AZEDRA THERAPEUTIC	P	SP; PA
Antineoplastics Misc.		
ACTIMMUNE 100 MCG/0.5ML	P	SP; PA
ALFERON N	P	SP; PA
<i>arsenic trioxide</i>	P	SP; PA
BESREMI	P	SP; PA
<i>bexarotene</i>	P	SP; PA
HYDREA (<i>Use hydroxyurea</i>)	NP	
<i>hydroxyurea</i>	P	
INTRON A SOLR 10000000 UNIT	P	SP; PA
MATULANE	P	SP; PA
PHOTOFRIN	P	SP; PA
PROLEUKIN	P	SP; PA
SYNRIBO	P	SP; PA
TARGRETIN (<i>Use bexarotene</i>)	NP	SP; PA
<i>tretinoin (chemotherapy)</i>	P	SP; PA
TRISENOX (<i>Use arsenic trioxide</i>)	NP	SP; PA
Chemotherapy Adjuncts		
KEPIVANCE 5.16 MG	P	SP

Drug Name	Drug Tier	Requirements/Limits
KEPIVANCE 6.25 MG	P	SP; PA
Chemotherapy Rescue/Antidote/Protective Agents		
<i>dexrazoxane hcl</i>	P	SP; PA
KHAPZORY	P	SP; PA
<i>leucovorin calcium TABS</i>	P	
<i>levoleucovorin calcium SOLN 250 MG/25ML</i>	P	SP; PA
<i>levoleucovorin calcium SOLR</i>	P	SP; PA
<i>mesna SOLN</i>	P	SP; PA
MESNEX SOLN (<i>Use mesna</i>)	NP	SP; PA
MESNEX TABS	P	SP; PA
TOTECT	P	SP; PA
VORAXAZE	P	SP; PA
Mitotic Inhibitors		
ABRAXANE	P	SP; PA
<i>docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML</i>	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML	P	SP; PA
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (<i>Use docetaxel</i>)	NP	SP; PA
<i>docetaxel SOLN</i>	P	SP; PA
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	P	SP; PA
DOCETAXEL SOLN (<i>Use docetaxel</i>)	NP	SP; PA
DOCIVYX SOLN	P	SP; PA
<i>eribulin mesylate</i>	P	SP; PA
<i>etoposide CAPS</i>	P	SP; PA
<i>etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML</i>	P	SP; PA
HALAVEN (<i>Use eribulin mesylate</i>)	NP	SP; PA

Drug Name	Drug Tier	Requirements/Limits
IXEMPRA KIT	P	SP; PA
JEVTANA	P	SP; PA
<i>paclitaxel protein-bound particles</i>	P	SP; PA
PACLITAXEL PROTEIN-BOUND PARTICLES	P	SP; PA
<i>vincristine sulfate</i>	P	SP; PA
Oncolytic Viral Agents		
IMLYGIC	P	SP; PA
Topoisomerase I Inhibitors		
CAMPTOSAR (Use <i>irinotecan hcl</i>)	NP	SP; PA
HYCAMTIN CAPS	P	SP; PA
HYCAMTIN SOLR (Use <i>topotecan hcl</i>)	NP	SP; PA
<i>irinotecan hcl</i>	P	SP; PA
<i>topotecan hcl SOLN</i>	P	SP; PA
TOPOTECAN HCL SOLN (Use <i>topotecan hcl</i>)	NP	SP; PA
TOPOTECAN HCL SOLN	P	SP; PA
<i>topotecan hcl SOLR</i>	P	SP; PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	P	
LODOSYN (Use <i>carbidopa</i>)	NP	
Antiparkinson Anticholinergics		
<i>benztropine mesylate TABS</i>	P	
<i>trihexyphenidyl hcl TABS</i>	P	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	P	
<i>amantadine hcl SOLN</i>	P	
APOKYN SOCT	P	SP; PA
<i>apomorphine hydrochloride SOCT</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate CAPS</i>	P	
<i>bromocriptine mesylate TABS 2.5 MG</i>	P	
<i>carbidopa-levodopa TABS</i>	P	
<i>carbidopa-levodopa TBCR</i>	P	
DHIVY TABS	P	
GOCOVRI CP24	P	SP; PA
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NP	
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NP	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 ea daily)
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 ea daily)
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NP	
Antiparkinson Monoamine Oxidase Inhibitors		
<i>selegiline hcl CAPS</i>	P	
<i>selegiline hcl TABS</i>	P	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
<i>lithium</i>	P	
<i>lithium carbonate CAPS</i>	P	
<i>lithium carbonate TABS</i>	P	
<i>lithium carbonate TBCR</i>	P	
LITHOBID TBCR (Use <i>lithium carbonate</i>)	P	
Antipsychotics - Misc.		

Georgia Medicaid Updated November 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GEODON (Use ziprasidone hcl)	NP	QL(2 ea daily); AL(At least 18 yrs old)	haloperidol decanoate	P	
LATUDA (Use lurasidone hcl)	NP		haloperidol lactate CONC	P	
lurasidone hcl	P		haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	P	QL(3 ea daily)
NUPLAZID CAPS	P	QL(1 ea daily); PA	haloperidol TABS 20 MG	P	
NUPLAZID TABS 10 MG	P	QL(1 ea daily); PA	Dibenzapines		
ziprasidone hcl	P	QL(2 ea daily); AL(At least 18 yrs old)	clozapine TABS	P	QL(3 ea daily); AL(At least 18 yrs old)
Benzisoxazoles			CLOZARIL TABS (Use clozapine)	NP	QL(3 ea daily); AL(At least 18 yrs old)
INVEGA HAFYERA	P	SP; PA	loxapine succinate	P	QL(4 ea daily)
INVEGA SUSTENNA	P	SP; PA	olanzapine TABS 7.5 MG, 10 MG	P	QL(2 ea daily); AL(At least 10 yrs old)
INVEGA TRINZA	P	SP; PA	olanzapine TABS 2.5 MG, 5 MG	P	QL(4 ea daily); AL(At least 10 yrs old)
PERSERIS PRSY	P	SP; PA	olanzapine TABS 15 MG, 20 MG	P	QL(1 ea daily); AL(At least 10 yrs old)
RISPERDAL CONSTA (Use risperidone microspheres)	NP	SP; PA	quetiapine fumarate TABS 25 MG, 50 MG	P	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
RISPERDAL SOLN (Use risperidone)	NP	QL(4 ml daily); AL(At least 5 yrs old)	quetiapine fumarate TABS 300 MG, 400 MG	P	QL(2 ea daily); AL(At least 10 yrs old)
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	QL(4 ea daily); AL(At least 5 yrs old)	quetiapine fumarate TABS 100 MG, 200 MG	P	QL(4 ea daily); AL(At least 10 yrs old)
risperidone microspheres	P	SP; PA	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	NP	QL(2 ea daily); AL(At least 10 yrs old)
risperidone SOLN	P	QL(4 ml daily); AL(At least 5 yrs old)	SEROQUEL TABS 100 MG, 200 MG (Use quetiapine fumarate)	NP	QL(4 ea daily); AL(At least 10 yrs old)
risperidone TABS	P	QL(4 ea daily); AL(At least 5 yrs old)	SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate)	NP	QL(4 ea daily); AL(At least 10 yrs old - Up to 17 yrs old)
risperidone TBDP	P	QL(2 ea daily); AL(At least 5 yrs old)	ZYPREXA RELPREVV	P	SP; PA
Butyrophenones					
HALDOL DECANOATE 100 (Use haloperidol decanoate)	NP				
HALDOL DECANOATE 50 (Use haloperidol decanoate)	NP				

Georgia Medicaid Updated November 1, 2024
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ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	NP	QL(1 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	NP	QL(4 ea daily); AL(At least 10 yrs old)
ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	NP	QL(2 ea daily); AL(At least 10 yrs old)
Dihydroindolones		
<i>molindone hcl</i>	P	QL(4 ea daily)
Phenothiazines		
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 ea daily)
<i>chlorpromazine hcl TABS 10 MG</i>	P	QL(10 ea daily)
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl TABS</i>	P	
<i>perphenazine TABS</i>	P	QL(4 ea daily)
<i>prochlorperazine</i>	P	
<i>prochlorperazine maleate TABS</i>	P	
<i>thioridazine hcl</i>	P	QL(3 ea daily)
<i>trifluoperazine hcl TABS</i>	P	QL(2 ea daily)
Quinolinone Derivatives		
ABILIFY MAINTENA PRSY	P	SP; PA
ABILIFY MAINTENA SRER	P	SP; PA
ABILIFY TABS (Use <i>aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole SOLN OR</i>	P	QL(750 ml per fill retail); AL(At least 6 yrs old)
<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>aripiprazole TBDP</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
ARISTADA	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO	P	SP; PA
Thioxanthenes		
<i>thiothixene</i>	P	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ml per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	NP	
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	OTC; QL(946 ml per fill retail)
HIBICLENS SOLN EX (Use <i>chlorhexidine gluconate</i>)	NP	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	P	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	P	QL(30 ml daily)
<i>abacavir sulfate TABS</i>	P	QL(2 ea daily)
APTIVUS CAPS	P	QL(4 ea daily); ST
<i>atazanavir sulfate CAPS 300 MG</i>	P	
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	P	QL(2 ea daily)
BIKTARVY	P	QL(1 ea daily)
CIMDUO	P	QL(1 ea daily); ST
COMBIVIR (Use <i>lamivudine-zidovudine</i>)	NP	QL(2 ea daily)
COMPLERA	P	QL(1 ea daily)
<i>darunavir TABS 800 MG</i>	P	QL(1 ea daily); ST
<i>darunavir TABS 600 MG</i>	P	QL(2 ea daily); ST
DELSTRIGO	P	QL(1 ea daily)
DESCOVY 120 MG-15 MG	P	QL(1 ea daily); PA

Georgia Medicaid Updated November 1, 2024
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DESCOVY 200 MG-25 MG	P	QL(1 ea daily); PA	ISENTRESS CHEW 25 MG	P	QL(12 ea daily)
DOVATO	P		ISENTRESS CHEW 100 MG	P	QL(6 ea daily)
EDURANT	P	QL(1 ea daily)	ISENTRESS PACK	P	QL(2 ea daily)
<i>efavirenz CAPS 200 MG</i>	P	QL(1 ea daily)	ISENTRESS TABS	P	QL(2 ea daily)
<i>efavirenz CAPS 50 MG</i>	P	QL(2 ea daily)	JULUCA	P	QL(1 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	NP	QL(480 ml per 30 day(s) retail)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	P	QL(1 ea daily)	KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(6 ea daily)
<i>efavirenz TABS</i>	P	QL(1 ea daily)	KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NP	QL(4 ea daily)
<i>emtricitabine CAPS</i>	P	QL(1 ea daily)	<i>lamivudine SOLN</i>	P	QL(30 ml daily)
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	P	QL(1 ea daily)	<i>lamivudine TABS 300 MG</i>	P	QL(1 ea daily)
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NP	QL(1 ea daily)	<i>lamivudine TABS 150 MG</i>	P	QL(2 ea daily)
EMTRIVA SOLN	P	QL(24 ml daily)	<i>lamivudine-zidovudine</i>	P	QL(2 ea daily)
EPIVIR SOLN (<i>Use lamivudine</i>)	NP	QL(30 ml daily)	LEXIVA SUSP	P	QL(56 ml daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NP	QL(1 ea daily)	LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	NP	QL(4 ea daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NP	QL(2 ea daily)	<i>lopinavir-ritonavir SOLN</i>	P	QL(480 ml per 30 day(s) retail)
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NP	QL(1 ea daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	P	QL(6 ea daily)
<i>etravirine 100 MG</i>	P	QL(4 ea daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	P	QL(4 ea daily)
<i>etravirine 200 MG</i>	P	QL(2 ea daily)	<i>maraviroc TABS 150 MG</i>	P	QL(2 ea daily)
<i>fosamprenavir calcium TABS</i>	P	QL(4 ea daily)	<i>maraviroc TABS 300 MG</i>	P	QL(4 ea daily)
FUZEON SOLR	P	SP; PA	<i>nevirapine SUSP</i>	P	QL(40 ml daily)
GENVOYA	P	QL(1 ea daily)	<i>nevirapine TABS</i>	P	QL(2 ea daily)
INTELENCE 25 MG	P	QL(4 ea daily)	<i>nevirapine TB24 100 MG</i>	P	QL(3 ea daily)
INTELENCE 200 MG (<i>Use etravirine</i>)	NP	QL(2 ea daily)	<i>nevirapine TB24 400 MG</i>	P	QL(1 ea daily)
INTELENCE 100 MG (<i>Use etravirine</i>)	NP	QL(4 ea daily)	NORVIR CAPS	P	QL(12 ea daily)
ISENTRESS HD TABS	P	QL(2 ea daily)	NORVIR SOLN	P	QL(15 ml daily)
			NORVIR TABS (<i>Use ritonavir</i>)	NP	QL(12 ea daily)
			ODEFSEY	P	
			PIFELTRO	P	QL(1 ea daily)

Georgia Medicaid Updated November 1, 2024
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PREZCOBIX	P	QL(1 ea daily)	<i>tenofovir disoproxil fumarate TABS</i>	P	QL(1 ea daily)
PREZISTA SUSP	P	QL(12 ml daily); ST	TIVICAY TABS 50 MG	P	QL(2 ea daily)
PREZISTA TABS 75 MG	P	QL(2 ea daily); ST	TRIUMEQ TABS	P	QL(1 ea daily); AL(At least 18 yrs old)
PREZISTA TABS 800 MG (Use <i>darunavir</i>)	NP	QL(1 ea daily); ST	TRIZIVIR	P	QL(2 ea daily)
PREZISTA TABS 600 MG (Use <i>darunavir</i>)	NP	QL(2 ea daily); ST	TROGARZO	P	SP; PA
PREZISTA TABS 150 MG	P	QL(3 ea daily); ST	TRUVADA 200 MG-300 MG (Use <i>emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 ea daily)
RETROVIR CAPS (Use <i>zidovudine</i>)	NP	QL(6 ea daily)	TYBOST	P	QL(1 ea daily); AL(At least 18 yrs old)
RETROVIR SYRP (Use <i>zidovudine</i>)	NP	QL(60 ml daily)	VIRACEPT TABS 625 MG	P	QL(4 ea daily)
REYATAZ CAPS 200 MG (Use <i>atazanavir sulfate</i>)	NP	QL(2 ea daily)	VIRACEPT TABS 250 MG	P	QL(9 ea daily)
REYATAZ CAPS 300 MG (Use <i>atazanavir sulfate</i>)	NP		VIREAD POWD	P	QL(240 gm per 30 day(s) retail)
REYATAZ PACK	P	QL(6 ea daily)	VIREAD TABS 150 MG, 200 MG, 250 MG	P	QL(1 ea daily)
<i>ritonavir TABS</i>	P	QL(12 ea daily)	VIREAD TABS (Use <i>tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)
RUKOBIA	P	PA	ZIAGEN SOLN (Use <i>abacavir sulfate</i>)	NP	QL(30 ml daily)
SELZENTRY SOLN	P	QL(35 ml daily)	ZIAGEN TABS (Use <i>abacavir sulfate</i>)	NP	QL(2 ea daily)
SELZENTRY TABS 25 MG, 75 MG	P	QL(2 ea daily)	<i>zidovudine CAPS</i>	P	QL(6 ea daily)
SELZENTRY TABS 300 MG (Use <i>maraviroc</i>)	NP	QL(4 ea daily)	<i>zidovudine SYRP</i>	P	QL(60 ml daily)
SELZENTRY TABS 150 MG (Use <i>maraviroc</i>)	NP	QL(2 ea daily)	<i>zidovudine TABS</i>	P	QL(2 ea daily)
<i>stavudine CAPS</i>	P	QL(2 ea daily)	Antiviral Combinations		
STRIBILD	P	QL(1 ea daily)	PAXLOVID 100 MG-150 MG	P	
SUSTIVA CAPS 50 MG (Use <i>efavirenz</i>)	NP	QL(2 ea daily)	CMV Agents		
SUSTIVA CAPS 200 MG (Use <i>efavirenz</i>)	NP	QL(1 ea daily)	LIVTENCITY	P	SP; PA
SYMFI (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)	PREVYMIS SOLN	P	SP; PA
SYMFI LO (Use <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	NP	QL(1 ea daily)	PREVYMIS TABS	P	QL(1 ea daily); SP; PA
			VALCYTE TABS (Use <i>valganciclovir hcl</i>)	NP	QL(2 ea daily)

Georgia Medicaid Updated November 1, 2024
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<i>valganciclovir hcl TABS</i>	P	QL(2 ea daily)	<i>oseltamivir phosphate CAPS 30 MG</i>	P	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
Hepatitis Agents			<i>oseltamivir phosphate SUSR</i>	P	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
MAVYRET PACK	P	QL(6 ea daily); SP; PA	RELENZA DISKHALER	P	QL(20 ea per fill retail); AL(At least 5 yrs old)
MAVYRET TABS	P	QL(3 ea daily); SP; PA	TAMIFLU CAPS 45 MG, 75 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
PEGASYS SOLN	P	SP; PA	TAMIFLU CAPS 30 MG (Use <i>oseltamivir phosphate</i>)	NP	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>ribavirin (hepatitis c) CAPS</i>	P	SP; PA	TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NP	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
<i>ribavirin (hepatitis c) TABS 200 MG</i>	P	SP; PA	BETA BLOCKERS - Drugs to Treat High Blood Pressure		
SOFOSBUVIR/VELPATA SVIR TABS	P	QL(1 ea daily); SP; PA	Alpha-Beta Blockers		
SOVALDI TABS	P	SP; PA	<i>carvedilol 25 MG</i>	P	QL(4 ea daily)
VEMLIDY	P	SP; PA	<i>carvedilol 3.125 MG, 6.25 MG, 12.5 MG</i>	P	QL(3 ea daily)
Herpes Agents			<i>carvedilol phosphate</i>	P	QL(1 ea daily)
<i>acyclovir CAPS</i>	P	QL(50 ea per 30 day(s) retail)	COREG 3.125 MG, 6.25 MG, 12.5 MG (Use <i>carvedilol</i>)	NP	QL(3 ea daily)
<i>acyclovir SUSP</i>	P	QL(400 ml per 30 day(s) retail)	COREG 25 MG (Use <i>carvedilol</i>)	NP	QL(4 ea daily)
<i>acyclovir TABS OR 800 MG</i>	P	QL(50 ea per 30 day(s) retail)	COREG CR (Use <i>carvedilol phosphate</i>)	NP	QL(1 ea daily)
<i>acyclovir TABS OR 400 MG</i>	P	QL(3 ea daily)	<i>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily)
<i>famciclovir</i>	P				
<i>valacyclovir hcl 1 GM, 1000 MG</i>	P	QL(42 ea per 21 day(s) retail)			
<i>valacyclovir hcl 500 MG</i>	P	QL(2 ea daily)			
VALTREX 500 MG (Use <i>valacyclovir hcl</i>)	NP	QL(2 ea daily)			
VALTREX 1 GM (Use <i>valacyclovir hcl</i>)	NP	QL(42 ea per 21 day(s) retail)			
ZOVIRAX SUSP (Use <i>acyclovir</i>)	NP	QL(400 ml per 30 day(s) retail)			
Influenza Agents					
<i>oseltamivir phosphate CAPS 45 MG, 75 MG</i>	P	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily)
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 ea daily)
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	P	
<i>atenolol TABS</i>	P	QL(2 ea daily)
<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
<i>LOPRESSOR TABS 50 MG (Use metoprolol tartrate)</i>	NP	QL(4 ea daily)
<i>LOPRESSOR TABS 100 MG (Use metoprolol tartrate)</i>	NP	QL(4.5 ea daily)
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 ea daily)
<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 ea daily)
<i>metoprolol tartrate TABS 25 MG, 50 MG</i>	P	QL(4 ea daily)
<i>TENORMIN TABS (Use atenolol)</i>	NP	QL(2 ea daily)
<i>TOPROL XL TB24 200 MG (Use metoprolol succinate)</i>	NP	QL(2 ea daily)
<i>TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate)</i>	NP	QL(4 ea daily)
Beta Blockers Non-Selective		
<i>BETAPACE AF (Use sotalol hcl (afib/af))</i>	NP	QL(2 ea daily)
<i>BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)</i>	NP	QL(2 ea daily)
<i>CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)</i>	NP	QL(2 ea daily)
<i>INDERAL LA CP24 (Use propranolol hcl)</i>	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily)
<i>pindolol TABS</i>	P	
<i>propranolol hcl CP24</i>	P	QL(2 ea daily)
<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	P	
<i>propranolol hcl TABS</i>	P	
<i>sotalol hcl (afib/af)</i>	P	QL(2 ea daily)
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	P	QL(2 ea daily)
<i>sotalol hcl TABS 240 MG</i>	P	
<i>timolol maleate TABS</i>	P	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate TABS</i>	P	QL(1 ea daily)
<i>CALAN SR TBCR 120 MG, 180 MG (Use verapamil hcl)</i>	NP	QL(2 ea daily)
<i>CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)</i>	NP	QL(2 ea daily)
<i>CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)</i>	NP	QL(1 ea daily)
<i>CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)</i>	NP	QL(3 ea daily)
<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl coated beads CP24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl extended release beads 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl CP12</i>	P	QL(2 ea daily)

Georgia Medicaid

Updated November 1, 2024

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 ea daily)
<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 ea daily)
<i>diltiazem hcl TABS</i>	P	QL(3 ea daily)
<i>felodipine</i>	P	QL(1 ea daily)
<i>nicardipine hcl CAPS</i>	P	
<i>nifedipine CAPS</i>	P	QL(4 ea daily)
<i>nifedipine TB24 30 MG, 90 MG</i>	P	QL(1 ea daily)
<i>nifedipine TB24 60 MG</i>	P	QL(2 ea daily)
<i>NORVASC TABS (Use amlodipine besylate)</i>	NP	QL(1 ea daily)
<i>PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)</i>	NP	QL(1 ea daily)
<i>PROCARDIA XL TB24 60 MG (Use nifedipine)</i>	NP	QL(2 ea daily)
<i>TIAZAC 240 MG (Use diltiazem hcl extended release beads)</i>	NP	QL(2 ea daily)
<i>TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads)</i>	NP	QL(1 ea daily)
<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG</i>	P	QL(1 ea daily)
<i>verapamil hcl CP24 100 MG, 200 MG</i>	P	QL(2 ea daily)
<i>verapamil hcl TABS</i>	P	QL(3 ea daily)
<i>verapamil hcl TBCR</i>	P	QL(2 ea daily)
<i>VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)</i>	NP	QL(2 ea daily)
<i>VERELAN PM CP24 300 MG (Use verapamil hcl)</i>	NP	QL(1 ea daily)
<i>VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)</i>	NP	QL(2 ea daily)
<i>VERELAN CP24 (Use verapamil hcl)</i>	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin SOLN OR 0.05 MG/ML</i>	P	
<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	P	
<i>LANOXIN SOLN IJ (Use digoxin)</i>	P	
<i>LANOXIN TABS 125 MCG, 250 MCG (Use digoxin)</i>	P	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiac Myosin Inhibitors		
<i>CAMZYOS</i>	P	SP; PA
Impotence Agents		
<i>BI-MIX SOLR</i>	P	PA
<i>IFE-BIMIX 30/1 SOLN</i>	P	PA
<i>SUPER BI-MIX SOLR</i>	P	PA
<i>SUPER TRI-MIX SOLR</i>	P	SP; PA
<i>TRI-MIX SOLR</i>	P	SP; PA
Prostaglandin Vasodilators		
<i>epoprostenol sodium</i>	P	SP; PA
<i>FLOLAN (Use epoprostenol sodium)</i>	NP	SP; PA
<i>ORENITRAM TBCR</i>	P	SP; PA
<i>TYVASO REFILL KIT SOLN IN</i>	P	SP; PA
<i>TYVASO STARTER KIT SOLN IN</i>	P	SP; PA
<i>TYVASO SOLN IN</i>	P	SP; PA
<i>VELETRI (Use epoprostenol sodium)</i>	NP	SP; PA
<i>VENTAVIS</i>	P	SP; PA
Pulmonary Hypertension - Endothelin Receptor		

Georgia Medicaid Updated November 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
Antagonists		
<i>ambrisentan</i>	P	QL(1 ea daily); SP; PA
<i>bosentan TABS</i>	P	SP; PA
LETAIRIS (Use <i>ambrisentan</i>)	NP	QL(1 ea daily); SP; PA
TRACLEER TABS (Use <i>bosentan</i>)	NP	SP; PA
TRACLEER TBSO	P	SP; PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SOLN (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NP	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	P	SP; PA
<i>sildenafil citrate (pulmonary hypertension) TABS</i>	P	SP; PA
<i>tadalafil (pulmonary hypertension) TABS</i>	P	SP; PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	P	SP; PA
UPTRAVI SOLR	P	SP; PA
UPTRAVI TABS	P	SP; PA
Pulmonary Hypertension - Sol Guanylate Cyclase		

Drug Name	Drug Tier	Requirements/Limits
Stimulator		
ADEMPAS	P	SP; PA
Transthyretin Stabilizers		
VYNDAMAX	P	QL(1 ea daily); SP; PA
VYNDAQEL	P	QL(4 ea daily); SP; PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil CAPS</i>	P	
<i>cefadroxil SUSR</i>	P	
<i>cefadroxil TABS</i>	P	
<i>cephalexin CAPS 250 MG, 500 MG</i>	P	
<i>cephalexin SUSR</i>	P	
Cephalosporins - 2nd Generation		
<i>cefaclor CAPS</i>	P	
<i>cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	P	
<i>cefprozil SUSR</i>	P	QL(200 ml per fill retail); AL(Up to 12 yrs old)
<i>cefprozil TABS</i>	P	QL(20 ea per fill retail)
<i>cefuroxime axetil TABS</i>	P	QL(20 ea per fill retail)
Cephalosporins - 3rd Generation		
<i>cefdinir CAPS</i>	P	QL(20 ea per fill retail)
<i>cefdinir SUSR</i>	P	QL(100 ml per fill retail)
<i>cefixime CAPS</i>	P	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	P	QL(3 ea per fill retail)
CHEMICALS		
Bulk Chemicals - O's		

Georgia Medicaid Updated November 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
OMEPRAZOLE	P	PA
Bulk Chemicals - P's		
PROMETHAZINE HCL POWD	P	PA
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	P	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	P	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	P	
<i>drospirenone-ethinyl estradiol</i>	P	QL(1 ea daily)
<i>ethynodiol diacet & eth estrad</i>	P	QL(1 ea daily)
GENERESS FE (<i>Use norethindrone & ethinyl estradiol-fe</i>)	NP	
<i>levonorgestrel & eth estradiol TABS</i>	P	
<i>levonorgestrel-eth estradiol (triphasic)</i>	P	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	P	QL(91 ea per fill retail)
LOSEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
MIRCETTE (<i>Use desogestrel-ethinyl estradiol (biphasic)</i>)	NP	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	P	
<i>norethindrone & eth estradiol</i>	P	
<i>norethindrone & ethinyl estradiol-fe</i>	P	
<i>norethindrone acet & eth estra TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol-fe</i>	P	
<i>norethindrone-eth estradiol (triphasic)</i>	P	
<i>norgestimate-ethinyl estradiol</i>	P	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	P	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	P	QL(2 ea daily)
QUARTETTE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NP	QL(91 ea per fill retail)
TYBLUME CHEW	P	
YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	NP	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	P	QL(3 ea per 28 day(s) retail)
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	P	QL(1 ea per fill retail)
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NP	QL(1 ea per fill retail)
Emergency Contraceptives		
ELLA	P	QL(4 ea per 365 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	P	QL(1 ea per 21 day(s) retail)
PLAN B ONE-STEP (<i>Use levonorgestrel (emergency oc)</i>)	NP	QL(1 ea per 21 day(s) retail)
Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)	dexamethasone SOLN	P	
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NP	QL(1 ml per fill retail)	dexamethasone TABS	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P	QL(1 ml per fill retail)	EMFLAZA SUSP (Use deflazacort)	NP	SP; PA
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ml per fill retail)	EMFLAZA TABS (Use deflazacort)	NP	SP; PA
medroxyprogesterone acetate (contraceptive) SUSY IM	P	QL(1 ml per fill retail)	hydrocortisone TABS	P	
Progestin Contraceptives - Oral			MEDROL DOSEPAK TBPK (Use methylprednisolone)	NP	
norethindrone (contraceptive)	P		MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	NP	
OPILL	P		methylprednisolone TABS 4 MG, 8 MG	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			methylprednisolone TBPK	P	
Glucocorticosteroids			PEDIAPRED SOLN (Use prednisolone sodium phosphate)	NP	
CORTEF TABS (Use hydrocortisone)	NP		prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	P	
CORTISONE ACETATE TABS	P		prednisolone sodium phosphate SOLN 20 MG/5ML	P	QL(150 ml per fill retail)
deflazacort SUSP	P	SP; PA	prednisolone SOLN	P	
deflazacort TABS	P	SP; PA	prednisolone TABS	P	
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	P	QL(150 ml per 30 day(s) retail)	PREDNISONONE INTENSOL CONC	P	
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	P	QL(150 ml per 30 day(s) retail)	prednisone SOLN	P	
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	P	QL(150 ml per 30 day(s) retail)	prednisone TABS	P	
dexamethasone ELIX	P		prednisone TBPK	P	
			TARPEYO CPDR	P	SP; PA
			ZILRETTA SRER	P	SP; PA
			Mineralocorticoids		
			fludrocortisone acetate TABS	P	
			COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antitussives			<i>brompheniramine & phenyleph ELIX</i>	P	OTC; QL(120 ml per 30 day(s) retail); AL(Up to 21 yrs old)
<i>benzonatate 200 MG</i>	P	QL(30 ea per 30 day(s) retail); AL(At least 10 yrs old - Up to 21 yrs old)	<i>brompheniramine & pseudoeph ELIX</i>	P	OTC; QL(120 ml per 30 day(s) retail); AL(Up to 21 yrs old)
<i>benzonatate 100 MG</i>	P	AL(At least 10 yrs old - Up to 21 yrs old)	<i>brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML</i>	P	OTC; QL(120 ml per 30 day(s) retail); AL(Up to 21 yrs old)
DELSYM COUGH CHILDRENS SUER (Use <i>dextromethorphan polistirex</i>)	NP	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>cetirizine-pseudoephedrine</i>	P	AL(Up to 21 yrs old)
DELSYM SUER (Use <i>dextromethorphan polistirex</i>)	NP	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	CLARITIN-D 12 HOUR TB12 (Use <i>loratadine & pseudoephedrine</i>)	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
<i>dextromethorphan hbr LIQD 7.5 MG/5ML</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	CLARITIN-D 24 HOUR TB24 (Use <i>loratadine & pseudoephedrine</i>)	NP	OTC; QL(1 ea daily); AL(Up to 21 yrs old)
<i>dextromethorphan polistirex LQCR</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	COLD & FLU RELIEF NIGHTTIME D LIQD	P	OTC; AL(Up to 21 yrs old)
<i>dextromethorphan polistirex SUER</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	P	OTC; AL(Up to 21 yrs old)
HYCODAN SOLN (Use <i>hydrocodone bitartrate-homatropine methylbromide</i>)	NP	AL(At least 18 yrs old - Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	OTC; AL(Up to 21 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
TRIAMINIC LONG ACTING COUGH LIQD (Use <i>dextromethorphan hbr</i>)	NP	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>dextromethorphan-guaifenesin LIQD 200 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
Cough/Cold/Allergy Combinations					
ADVIL COLD & SINUS TABS (Use <i>pseudoephedrine-ibuprofen</i>)	NP	OTC; AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	MUCINEX D TB12 (<i>Use pseudoephedrine-guaifenesin</i>)	NP	QL(210 ea per fill retail); AL(Up to 21 yrs old)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	P	QL(2 ea daily); AL(Up to 21 yrs old)	<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
DIABETIC TUSSIN COLD/FLU CAPS	P	OTC; AL(Up to 21 yrs old)	<i>phenylephrine-dm SOLN</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)
ED BRON GP LIQD	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>promethazine & phenylephrine SYRP</i>	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>guaifenesin-codeine SOLN</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	PROMETHAZINE HYDROCHLORIDE/DEXTROMETHORPHAN HYDROBROMIDE SYRP (<i>Use promethazine-dm</i>)	NP	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>guaifenesin-codeine SYRP</i>	P	AL(At least 18 yrs old - Up to 21 yrs old)	<i>promethazine w/codeine SOLN</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
LOHIST-D LIQD	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>promethazine w/codeine SYRP</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
<i>loratadine & pseudoephedrine TB12</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)	<i>promethazine-dm SYRP</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
<i>loratadine & pseudoephedrine TB24</i>	P	OTC; QL(1 ea daily); AL(Up to 21 yrs old)	<i>promethazine-phenylephrine-codeine</i>	P	QL(240 ml per fill retail); AL(At least 18 yrs old - Up to 21 yrs old)
MAXI-TUSS PE MAX LIQD	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ml per fill retail); AL(Up to 21 yrs old)
MAXI-TUSS PE LIQD	P	AL(Up to 21 yrs old)			
MUCINEX D MAXIMUM STRENGTH TB12 (<i>Use pseudoephedrine-guaifenesin</i>)	NF				
MUCINEX DM TB12 (<i>Use dextromethorphan-guaifenesin</i>)	NP	QL(2 ea daily); AL(Up to 21 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML</i>	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)	GERI-TUSSIN SYRP	P	OTC; QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>guaifenesin LIQD</i>	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	P	QL(210 ea per fill retail); AL(Up to 21 yrs old)	<i>guaifenesin SYRP</i>	P	QL(240 ml per 7 day(s) retail); AL(Up to 21 yrs old)
<i>pseudoephedrine-ibuprofen TABS</i>	P	OTC; AL(Up to 21 yrs old)	<i>guaifenesin TB12 1200 MG</i>	P	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
PX DAYTIME MULTI-SYMPTOM CAPS	P	OTC; AL(Up to 21 yrs old)	<i>guaifenesin TB12 600 MG</i>	P	QL(40 ea per 30 day(s) retail); AL(Up to 21 yrs old)
PX NITETIME MULTI-SYMPTOM CAPS	P	OTC; QL(240 ea per fill retail); AL(Up to 21 yrs old)	MUCINEX MAXIMUM STRENGTH TB12 (<i>Use guaifenesin</i>)	NP	OTC; QL(2 ea daily); AL(Up to 21 yrs old)
QC TRIACTING DAYTIME CHILDRENS SYRP	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	MUCINEX TB12 (<i>Use guaifenesin</i>)	NP	QL(40 ea per 30 day(s) retail); AL(Up to 21 yrs old)
SCOT-TUSSIN DM LIQD	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	Misc. Respiratory Inhalants		
SCOT-TUSSIN SENIOR LIQD	P	OTC; AL(Up to 21 yrs old)	<i>sodium chloride (inhalant) AERS</i>	P	OTC; QL(240 ml per fill retail)
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	P	
WAL-TUSSIN PEDIATRIC COUGH & COLD LIQD	P	OTC; QL(240 ml per fill retail); AL(Up to 21 yrs old)	Mucolytics		
ZYRTEC-D ALLERGY/CONGESTION (<i>Use cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	<i>acetylcysteine SOLN</i>	P	
ZYRTEC-D ALLERGY/SINUS (<i>Use cetirizine-pseudoephedrine</i>)	NP	AL(Up to 21 yrs old)	DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Expectorants			Acne Products		
			ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (<i>Use isotretinoin</i>)	NP	QL(2 ea daily); AL(At least 12 yrs old); PA
			ACNE MEDICATION 10 LOTN	P	OTC
			ACNE MEDICATION 5 LOTN	P	OTC

Georgia Medicaid Updated November 1, 2024
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BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	NP	RX/OTC	<i>sulfacetamide sodium (acne)</i>	P	
<i>benzoyl peroxide BAR</i>	P		<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	P	QL(60 gm per fill retail)
<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	P		<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	P	
<i>benzoyl peroxide LIQD 4 %, 5 %, 10 %</i>	P		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP		<i>tretinoin GEL 0.01 %</i>	P	QL(15 gm per fill retail); AL(Up to 35 yrs old)
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(60 ml per fill retail)	<i>tretinoin GEL 0.025 %</i>	P	AL(Up to 35 yrs old)
<i>clindamycin phosphate (topical) GEL</i>	P	QL(60 gm per fill retail)	Antibiotics - Topical		
<i>clindamycin phosphate (topical) LOTN</i>	P		<i>bacitracin (topical) OINT</i>	P	OTC; QL(30 ea per fill retail)
<i>clindamycin phosphate (topical) SOLN</i>	P		<i>bacitracin zinc OINT</i>	P	OTC; QL(30 gm per fill retail)
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	NP	RX/OTC	CENTANY OINT	P	
ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 gm per fill retail)	<i>gentamicin sulfate (topical) CREA</i>	P	QL(60 gm per fill retail)
<i>erythromycin (acne aid) GEL</i>	P	QL(60 gm per fill retail)	<i>gentamicin sulfate (topical) OINT</i>	P	QL(60 gm per fill retail)
<i>erythromycin (acne aid) SOLN</i>	P		<i>mupirocin calcium (topical)</i>	P	QL(30 gm per fill retail)
<i>isotretinoin 10 MG, 20 MG, 30 MG, 40 MG</i>	P	QL(2 ea daily); AL(At least 12 yrs old); PA	<i>mupirocin OINT</i>	P	
KLARON (Use sulfacetamide sodium (acne))	NP		<i>neomycin-bacitracin-polymyxin OINT</i>	P	OTC; QL(454 gm per fill retail)
RETIN-A CREA (Use tretinoin)	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)	<i>neomycin-polymyxin w/ pramoxine</i>	P	OTC; QL(30 gm per fill retail)
RETIN-A GEL 0.025 % (Use tretinoin)	NP	AL(Up to 35 yrs old)	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	NP	OTC; QL(454 ea per fill retail)
RETIN-A GEL 0.01 % (Use tretinoin)	NP	QL(15 gm per fill retail); AL(Up to 35 yrs old)	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	NP	OTC; QL(30 gm per fill retail)
			Antifungals - Topical		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole (topical) CREA</i>	P	QL(90 gm per fill retail); RX/OTC	<i>terbinafine hcl (topical) CREA</i>	P	OTC; QL(30 gm per fill retail)
<i>clotrimazole (topical) SOLN</i>	P	QL(60 ml per fill retail); RX/OTC	TINACTIN CREA (<i>Use tolnaftate</i>)	NP	OTC; QL(30 gm per fill retail)
<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 gm per 30 day(s) retail)	<i>tolnaftate CREA</i>	P	OTC; QL(30 ml per fill retail)
<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ml per 30 day(s) retail)	Antihistamines-Topical		
<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)	ITCH RELIEF CREA	P	OTC
<i>ketoconazole (topical) CREA</i>	P	QL(60 gm per fill retail)	Anti-inflammatory Agents - Topical		
<i>ketoconazole (topical) SHAM 2 %</i>	P		<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 gm daily); 2 max fill(s) per 30 day(s) retail; RX/OTC
LAMISIL AT JOCK ITCH CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)	VOLTAREN ARTHRITIS PAIN GEL EX (<i>Use diclofenac sodium (topical)</i>)	NP	QL(6.68 gm daily); 2 max fill(s) per 30 day(s) retail; RX/OTC
LAMISIL AT CREA (<i>Use terbinafine hcl (topical)</i>)	NP	OTC; QL(30 gm per fill retail)	Antineoplastic or Premalignant Lesion Agents - Topical		
LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC	<i>bexarotene (topical)</i>	P	SP; PA
LOTRIMIN AF CREA (<i>Use clotrimazole (topical)</i>)	NP	QL(90 gm per fill retail); RX/OTC	CARAC CREA	P	
MICATIN CREA (<i>Use miconazole nitrate (topical)</i>)	NP	QL(60 gm per fill retail)	EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NP	QL(40 gm per 30 day(s) retail)
<i>miconazole nitrate (topical) CREA</i>	P	QL(60 gm per fill retail)	<i>fluorouracil (topical) CREA 0.5 %</i>	P	
NIZORAL SHAM	P	OTC	<i>fluorouracil (topical) CREA 5 %</i>	P	QL(40 gm per 30 day(s) retail)
<i>nystatin (topical) CREA</i>	P	QL(30 gm per fill retail)	<i>fluorouracil (topical) SOLN</i>	P	QL(10 ml per 30 day(s) retail)
<i>nystatin (topical) OINT</i>	P	QL(30 gm per fill retail)	LEVULAN KERASTICK SOLR	P	SP; PA
<i>nystatin (topical) POWD EX</i>	P	QL(60 gm per fill retail)	TARGRETIN (<i>Use bexarotene (topical)</i>)	NP	SP; PA
<i>nystatin-triamcinolone CREA</i>	P	QL(60 gm per fill retail)	VALCHLOR	P	SP; PA
<i>nystatin-triamcinolone OINT</i>	P	QL(60 gm per fill retail)	Antipruritics - Topical		
			<i>camphor & menthol LOTN</i>	P	OTC; QL(222 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SARNA LOTN (<i>Use camphor & menthol</i>)	NP	OTC; QL(222 ml per fill retail)	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
Antipsoriatics			SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
<i>calcipotriene CREA</i>	P		SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
<i>calcipotriene SOLN</i>	P	QL(60 ml per fill retail)	SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
ILUMYA	P	SP; PA	SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NP	OTC; QL(420 ml per fill retail)
SKYRIZI PEN SOAJ	P	SP; ST; PA	<i>sulfacetamide sodium LIQD</i>	P	QL(120 ml per fill retail)
SKYRIZI PSKT	P	SP; PA	Antivirals - Topical		
SKYRIZI SOSY	P	SP; PA	<i>acyclovir topical CREA</i>	P	QL(5 gm per fill retail)
STELARA SOSY	P	SP; PA	<i>acyclovir topical OINT</i>	P	QL(30 gm per 30 day(s) retail)
TALTZ SOAJ	P	SP; PA	ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	QL(5 gm per fill retail)
TALTZ SOSY 80 MG/ML	P	SP; PA	ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	QL(30 gm per 30 day(s) retail)
<i>tazarotene CREA</i>	P	QL(2 gm daily); AL(Up to 20 yrs old)	Burn Products		
<i>tazarotene GEL</i>	P	QL(6.67 gm daily); AL(Up to 20 yrs old)	SILVADENE (<i>Use silver sulfadiazine</i>)	NP	
TAZORAC CREA (<i>Use tazarotene</i>)	NP	QL(2 gm daily); AL(Up to 20 yrs old)	<i>silver sulfadiazine</i>	P	
TAZORAC GEL (<i>Use tazarotene</i>)	NP	QL(6.67 gm daily); AL(Up to 20 yrs old)	Corticosteroids - Topical		
TREMFYA SOAJ	P	SP; PA	<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail
TREMFYA SOSY 100 MG/ML	P	SP; PA	<i>betamethasone dipropionate augmented CREA</i>	P	QL(50 gm per fill retail)
Antiseborrheic Products			<i>betamethasone valerate CREA</i>	P	
OVACE PLUS WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)	<i>betamethasone valerate LOTN</i>	P	
OVACE WASH LIQD (<i>Use sulfacetamide sodium</i>)	NP	QL(120 ml per fill retail)			
<i>selenium sulfide LOTN 1 %</i>	P	OTC; QL(420 ml per fill retail)			
<i>selenium sulfide LOTN 2.5 %</i>	P				
<i>selenium sulfide SHAM 1 %</i>	P	OTC; QL(420 ml per fill retail)			

Georgia Medicaid Updated November 1, 2024
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<i>betamethasone valerate OINT</i>	P		<i>fluticasone propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 gm per fill retail)	<i>fluticasone propionate OINT</i>	P	QL(60 gm per fill retail)
<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 gm per fill retail)	HYDROCORT LOTION COMPLETEKIT THPK	NP	
<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone (topical) CREA 2.5 %</i>	P	
<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 gm per fill retail)	<i>hydrocortisone (topical) CREA 1 %</i>	P	QL(454 ea per fill retail); RX/OTC
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ml per fill retail)	<i>hydrocortisone (topical) CREA 0.5 %</i>	P	OTC
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	QL(118.28 ml per fill retail)	<i>hydrocortisone (topical) LOTN 2.5 %</i>	P	QL(120 ml per fill retail)
<i>desonide CREA</i>	P		<i>hydrocortisone (topical) LOTN 1 %</i>	P	QL(453.6 gm per fill retail)
<i>desonide OINT</i>	P	QL(2 gm daily)	<i>hydrocortisone (topical) OINT 1 %, 2.5 %</i>	P	RX/OTC
DESOWEN CREA (Use <i>desonide</i>)	NP		<i>hydrocortisone butyrate SOLN</i>	P	
<i>desoximetasone CREA 0.25 %</i>	P	QL(2 gm daily)	HYDROCORTISONE COMPLETE KIT THPK	NP	
<i>desoximetasone CREA 0.05 %</i>	P		<i>mometasone furoate CREA</i>	P	QL(50 gm per fill retail)
<i>desoximetasone GEL</i>	P	QL(2 gm daily)	<i>mometasone furoate OINT</i>	P	QL(45 gm per fill retail)
<i>desoximetasone OINT 0.25 %</i>	P	QL(2 gm daily)	<i>mometasone furoate SOLN</i>	P	QL(60 ml per fill retail)
EPIFOAM FOAM	P	QL(15 gm per fill retail)	TOPICORT CREA 0.05 % (Use <i>desoximetasone</i>)	NP	
<i>fluocinolone acetonide OIL</i>	P	QL(118.28 ml per fill retail)	TOPICORT CREA 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>fluocinonide emulsified base</i>	P	QL(60 gm per fill retail)	TOPICORT GEL (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>fluocinonide CREA 0.05 %</i>	P	QL(150 gm per 30 day(s) retail); 1 package(s) per fill retail	TOPICORT OINT 0.25 % (Use <i>desoximetasone</i>)	NP	QL(2 gm daily)
<i>fluocinonide GEL</i>	P	QL(60 gm per fill retail)	<i>triamcinolone acetonide (topical) CREA</i>	P	
<i>fluocinonide OINT</i>	P	QL(60 gm per fill retail)	<i>triamcinolone acetonide (topical) LOTN</i>	P	QL(60 ml per fill retail)
<i>fluocinonide SOLN</i>	P	QL(60 ml per fill retail)	<i>triamcinolone acetonide (topical) OINT 0.025 %</i>	P	QL(454 gm per fill retail)

Georgia Medicaid Updated November 1, 2024
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<i>triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %</i>	P	
TRIDESILON CREA 0.05 % (Use desonide)	NP	
Eczema Agents		
ADBRY SOSY	P	SP; PA
CIBINQO	P	SP; PA
Emollient/Keratolytic Agents		
<i>urea CREA 40 %</i>	P	RX/OTC
<i>urea LOTN 40 %</i>	P	
Emollients		
EMOLLIENT LOTION-MISC	P	RX/OTC
<i>lactic acid (ammonium lactate) CREA</i>	P	QL(385 gm per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 gm per fill retail); RX/OTC
Immunomodulating Agents - Topical		
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 day(s) retail)
Immunosuppressive Agents - Topical		
<i>ELIDEL (Use pimecrolimus)</i>	NP	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
<i>pimecrolimus</i>	P	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 gm per 30 day(s) retail); AL(At least 16 yrs old); PA

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus (topical) OINT 0.03 %</i>	P	QL(30 gm per 30 day(s) retail); AL(At least 2 yrs old); PA
Keratolytic/Antimitotic/Vesicant Agents		
DERMAREST PSORIASIS GEL	P	OTC
KERALYT GEL	P	OTC
<i>KERALYT GEL (Use salicylic acid)</i>	NP	
<i>podofilox SOLN</i>	P	
<i>salicylic acid GEL 6 %</i>	P	
Local Anesthetics - Topical		
<i>capsaicin CREA 0.025 %, 0.075 %</i>	P	OTC; QL(60 gm per fill retail)
<i>capsaicin CREA 0.1 %</i>	P	OTC; QL(43 gm per fill retail)
<i>CAPZASIN-HP CREA (Use capsaicin)</i>	NP	OTC; QL(43 gm per fill retail)
<i>CAPZASIN-P CREA</i>	P	OTC; QL(42.5 gm per fill retail)
<i>CASTIVA WARMING LOTN</i>	P	OTC; QL(30 gm per fill retail)
<i>dibucaine</i>	P	OTC; QL(56.7 gm per fill retail)
<i>lidocaine hcl CREA 3 %</i>	P	QL(453.6 gm per fill retail)
<i>lidocaine hcl CREA 4 %</i>	P	OTC; QL(2 gm daily)
<i>lidocaine hcl GEL 2 %</i>	P	AL(At least 21 yrs old)
<i>lidocaine CREA 4 %</i>	P	OTC; QL(2 gm daily)
<i>lidocaine OINT</i>	P	QL(100 gm per 30 day(s) retail); 1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine CREA</i>	P	QL(30 gm per fill retail)	METROLOTION LOTN (Use metronidazole (topical))	NP	
LMX 4 CREA (Use <i>lidocaine</i>)	NP	OTC; QL(2 gm daily)	<i>metronidazole (topical) CREA</i>	P	
RA ARTHRITIS PAIN RELIEF CREA	P	OTC; QL(60 gm per fill retail)	<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 gm per fill retail)
Misc. Topical			<i>metronidazole (topical) LOTN</i>	P	
DRYSOL SOLN	P		Scabicides & Pediculicides		
<i>lanolin (topical) CREA</i>	P	OTC	<i>crotamiton LOTN</i>	P	QL(454 gm per fill retail)
<i>lanolin (topical) OINT</i>	P	OTC	LICEMD GEL	P	OTC
LANOLOR CREA	P	OTC	<i>malathion</i>	P	QL(59 ml per fill retail)
OFF DEEP WOODS AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)	NATROBA (Use <i>spinosad</i>)	NP	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 day(s) retail)
OFF DEEP WOODS DRY AERO	P	OTC;QL(113 gm per fill retail,226 gm per 30 days retail)	NIX CREME RINSE LIQD EX (Use <i>permethrin</i>)	NP	OTC
REPEL SPORTSMEN MAX LOTN	NP		OVIDE (Use <i>malathion</i>)	NP	QL(59 ml per fill retail)
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN	NP		<i>permethrin CREA</i>	P	QL(360 gm per fill retail)
ULTRATHON INSECT REPELLENT 8 AERO	P	OTC;QL(170 gm per fill retail,340 gm per 30 days retail)	<i>permethrin LIQD EX</i>	P	OTC
ULTRATHON INSECT REPELLENT LOTN	P	OTC; QL(57 gm per fill retail; 114 gm per 30 day(s) retail)	<i>pyrethrins-piperonyl butoxide LIQD</i>	P	OTC
<i>zinc oxide (topical) OINT 20 %</i>	P	OTC; QL(500 gm per fill retail)	<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	P	OTC
Rosacea Agents			<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	P	OTC
METROCREAM CREA (Use <i>metronidazole (topical)</i>)	NP		RID ESSENTIAL LICE ELIMINATION KIT KIT EX	P	OTC
			SCHOOLTIME SHAMPOO SHAM	P	OTC; QL(1 ml per 14 day(s) retail)

Georgia Medicaid Updated November 1, 2024
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<i>spinosad</i>	P	Min Age limit = 6 months; QL(120 ml per fill retail; 240 ml per 30 day(s) retail)	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	P	PA
Tar Products			MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	P	PA
<i>coal tar extract SHAM 0.5 %</i>	P	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	P	PA
DHS TAR GEL SHAM (<i>Use coal tar extract</i>)	NP	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	P	PA
DHS TAR SHAM (<i>Use coal tar extract</i>)	NP	OTC	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	P	PA
NEUTROGENA T/GEL SHAM 0.5 % (<i>Use coal tar extract</i>)	NP	OTC	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	P	PA
Wound Care Products			MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	P	PA
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	P	SP; PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	P	PA
APLIGRAF DISK	P	PA	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	P	PA
CORETEXT SUSP 1 ML, 2 ML	P	PA	NOVACHOR	P	PA
EPICORD/ 1CM X 2CM SHEE	P	PA	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	P	PA	OASIS WOUND MATRIX	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	P	PA	OSTEOCONDUCTIVE MATRIX PLUS	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	P	PA	PROTEXT SUSP	P	PA
MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	P	PA	PURAPLY 2CM X 4CM	P	PA

Georgia Medicaid Updated November 1, 2024
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PURAPLY 5CM X 5 CM	P	PA	COVID-19 AT-HOME TEST KIT KIT	NP	
PURAPLY 6CM X 9CM	P	PA	COVID-19 AT-HOME TEST KIT KIT	P	QL(2 ea per fill retail)
DIAGNOSTIC PRODUCTS			CVS COVID-19 AT HOME TESTKIT KIT	NP	
Diagnostic Drugs			CVS TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CORTROSYN SOLR (Use cosyntropin)	NP	SP; PA	EASY MAX BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
cosyntropin SOLR	P	SP; PA	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
THYROGEN 0.9 MG	P	SP; PA	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP	NP	RX/OTC
Diagnostic Tests			EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ACCU-CHEK GUIDE TEST STRIPS STRP	NP	RX/OTC	ELLUME COVID-19 HOME TEST KIT	P	QL(2 ea per fill retail)
ADVIN COVID-19 ANTIGEN HOME TEST KIT	NP		EMBRACE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BINAXNOW COVID-19 AG CARD HOME TEST KIT	P	QL(2 ea per fill retail)	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS333 STRP	NP	RX/OTC	FASTEP COVID-19 ANTIGEN HOME TEST KIT	NP	
BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)
CARESENS N BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
CARESTART COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)	FORA GTEL BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)
CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT	P	OTC; QL(1 ea daily)
CHEMSTRIP-K STRP	P	OTC; QL(6.67 ea daily)			
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	P	QL(2 ea per fill retail)			
CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP				
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC			
COVID-19 AG TEST KIT	NP				

Georgia Medicaid

Updated November 1, 2024

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ON/GO COVID-19 ANTIGEN SELF-TEST KIT	P	QL(2 ea per fill retail)
FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC	ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	NP	
GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	NP		ONETOUCH ULTRA BLUE TESTSTRIP STRP	P	Clinical Edit: Test Strips; RX/OTC
GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	NP		ONETOUCH ULTRA STRP	P	RX/OTC
GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ONETOUCH ULTRA STRP	NP	RX/OTC
GOJJI BLOOD KETONE TEST STRIPS	P	OTC; QL(1 ea daily)	ONETOUCH ULTRA STRP	P	Clinical Edit: Test Strips; RX/OTC
GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	NP		ONETOUCH VERIO TEST STRIPS STRP	P	Clinical Edit: Test Strips; RX/OTC
IHEALTH BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	ONETOUCH VERIO TEST STRIPS STRP	P	RX/OTC
IHEALTH COVID-19 ANTIGENRAPID TEST KIT	P	QL(2 ea per fill retail)	PILOT COVID-19 AT-HOME TEST KIT	NP	
INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT	NP		PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
INTELISWAB COVID-19 RAPID TEST KIT	P	QL(2 ea per fill retail)	PRECISION XTRA	P	OTC; QL(1 ea daily)
KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)	PTS PANELS EGLU STRP	NP	RX/OTC
KETONE STRP	P	OTC; QL(6.67 ea daily)	QUICKVUE AT-HOME COVID-19 TEST KIT	P	QL(2 ea per fill retail)
KETOSTIX STRP	P	OTC; QL(6.67 ea daily)	RAPID SARS-COV-2 ANTIGENTEST CARD KIT	NP	
MM BLULINK GLUCOSE TEST STRIPS STRP	NP	RX/OTC	RELION KETONE TEST STRIPS STRP	P	OTC; QL(6.67 ea daily)
NOVA MAX PLUS KETONE TESTSTRIPS	P	OTC; QL(1 ea daily)	RELION PLATINUM BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
OHC COVID-19 ANTIGEN SELF TEST KIT	NP		RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
			RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NP		<i>triamterene & hydrochlorothiazide TABS</i>	P	
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	NP	RX/OTC	Loop Diuretics		
VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC	<i>bumetanide TABS</i>	P	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes			BUMEX TABS 0.5 MG (Use <i>bumetanide</i>)	NP	
Digestive Enzymes			<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	P	
CREON CPEP	P	Smart PA	<i>furosemide TABS</i>	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			LASIX TABS (Use <i>furosemide</i>)	NP	
Carbonic Anhydrase Inhibitors			SOAANZ TABS 20 MG	NP	QL(1 ea daily)
<i>acetazolamide CP12</i>	P		<i>torseamide TABS</i>	P	QL(1 ea daily)
<i>acetazolamide TABS</i>	P		Potassium Sparing Diuretics		
<i>dichlorphenamide</i>	P	SP; PA	ALDACTONE TABS (Use <i>spironolactone</i>)	NP	
KEVEYIS (Use <i>dichlorphenamide</i>)	NP	SP; PA	<i>amiloride hcl TABS</i>	P	QL(4 ea daily)
<i>methazolamide TABS</i>	P		<i>spironolactone TABS</i>	P	
Diuretic Combinations			Thiazides and Thiazide-Like Diuretics		
ALDACTAZIDE (Use <i>spironolactone & hydrochlorothiazide</i>)	NP		<i>chlorthalidone 25 MG, 50 MG</i>	P	
<i>amiloride & hydrochlorothiazide</i>	P	QL(1 ea daily)	<i>hydrochlorothiazide CAPS</i>	P	
MAXZIDE-25 TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP		<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	P	
MAXZIDE TABS (Use <i>triamterene & hydrochlorothiazide</i>)	NP		<i>indapamide TABS 1.25 MG, 2.5 MG</i>	P	
<i>spironolactone & hydrochlorothiazide</i>	P		<i>metolazone</i>	P	
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	P		ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
			Adrenal Steroid Inhibitors		
			ISTURISA	P	SP; PA
			RECORLEV	P	SP; PA
			Bone Density Regulators		
			ACTONEL TABS 35 MG (Use <i>risedronate sodium</i>)	NP	QL(4 ea per fill retail); PA

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium SOLN</i>	P	QL(10.8 ml daily)
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 ea daily)
<i>alendronate sodium TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
ATELVIA TBEC (<i>Use risedronate sodium</i>)	NP	QL(4 ea per 28 day(s) retail); PA
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail
<i>calcitonin (salmon) IJ</i>	P	QL(2 ml per fill retail)
EVENITY	P	SP; PA
FORTEO SOPN (<i>Use teriparatide</i>)	NP	SP; PA
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NP	QL(0.15 ea daily)
<i>ibandronate sodium SOLN</i>	P	SP; PA
MIACALCIN IJ (<i>Use calcitonin (salmon)</i>)	NP	QL(2 ml per fill retail)
<i>pamidronate disodium SOLN 30 MG/10ML, 90 MG/10ML</i>	P	SP; PA
PAMIDRONATE DISODIUM SOLN	P	SP; PA
PROLIA SOSY	P	SP; PA
RECLAST SOLN (<i>Use zoledronic acid</i>)	NP	SP; PA
<i>risedronate sodium TABS 5 MG, 30 MG</i>	P	QL(1 ea daily); PA
<i>risedronate sodium TABS 35 MG</i>	P	QL(4 ea per fill retail); PA
<i>risedronate sodium TBEC</i>	P	QL(4 ea per 28 day(s) retail); PA
<i>teriparatide SOPN</i>	P	SP; PA
TERIPARATIDE SOPN	P	SP; PA
TYMLOS	P	SP; PA
XGEVA SOLN	P	SP; PA
<i>zoledronic acid CONC</i>	P	SP; PA
<i>zoledronic acid SOLN</i>	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZOLEDRONIC ACID SOLN	P	SP; PA
Fertility Regulators		
CHORIONIC GONADOTROPIN IM	P	PA
FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML	P	PA
GONAL-F RFF REDIJECT SOPN	P	PA
GONAL-F RFF SOLR SC	P	PA
GONAL-F SOLR IJ	P	PA
MENOPUR SC	P	PA
NOVAREL IM 5000 UNIT	P	PA
OVIDREL SOSY SC 250 MCG/0.5ML	P	PA
PREGNYL IM	P	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NAACL IM	P	PA
GnRH/LHRH Antagonists		
<i>cetorelix acetate</i>	P	PA
CETROTIDE (<i>Use cetorelix acetate</i>)	NP	PA
<i>ganirelix acetate</i>	P	PA
GANIRELIX ACETATE (<i>Use ganirelix acetate</i>)	NP	PA
Growth Hormone Receptor Antagonists		
SOMAVERT	P	SP; PA
Growth Hormones		
HUMATROPE CART IJ	P	SP; PA
NORDITROPIN FLEXPRO SOPN	P	SP; PA
SEROSTIM SC 4 MG, 5 MG, 6 MG	P	SP; PA
ZORBTIVE SC	P	SP; PA
Hormone Receptor Modulators		

Georgia Medicaid Updated November 1, 2024
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EVISTA (Use raloxifene hcl)	NP	QL(1 ea daily)	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	NP	QL(3 ea daily)
raloxifene hcl	P	QL(1 ea daily)	cinacalcet hcl	P	SP; PA
Insulin-Like Growth Factor Receptor Inhibitors			CRYSVITA	P	SP; PA
TEPEZZA	P	SP; PA	CYSTADANE (Use betaine)	NP	SP; PA
Insulin-Like Growth Factors (Somatomedins)			ELAPRASE	P	SP; PA
INCRELEX	P	SP; PA	GALAFOLD	P	QL(0.5 ea daily); SP; PA
LHRH/GnRH Agonist Analog Pituitary Suppressants			KANUMA	P	SP; PA
FENSOLVI SC	P	SP; PA	KUVAN PACK (Use sapropterin dihydrochloride)	NP	SP; PA
LUPRON DEPOT-PED (1-MONTH)	P	SP; PA	KUVAN TABS (Use sapropterin dihydrochloride)	NP	SP; PA
LUPRON DEPOT-PED (3-MONTH)	P	SP; PA	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	P	QL(30 ml daily)
SUPPRELIN LA	P	SP; PA	levocarnitine (metabolic modifiers) TABS	P	QL(3 ea daily)
SYNAREL	P	SP; PA	LUMIZYME	P	SP; PA
TRIPTODUR	P	SP; PA	MEPSEVII	P	SP; PA
Metabolic Modifiers			MYALEPT	P	SP; PA
ALDURAZYME	P	SP; PA	NAGLAZYME	P	SP; PA
betaine	P	SP; PA	NEXVIAZYME	P	SP; PA
BRINEURA	P	SP; PA	nitisinone CAPS	P	SP; PA
BUPHENYL POWD (Use sodium phenylbutyrate)	NP	SP; PA	NITYR TABS	P	SP; PA
BUPHENYL TABS (Use sodium phenylbutyrate)	NP	SP; PA	NULIBRY	P	SP; PA
calcitriol CAPS	P		ORFADIN CAPS (Use nitisinone)	NP	SP; PA
CARBAGLU (Use carglumic acid)	NP	SP; PA	ORFADIN SUSP	P	SP; PA
carglumic acid	P	SP; PA	PALYNZIQ	P	SP; PA
CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)	paricalcitol SOLN	P	SP; PA
CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NP	QL(30 ml daily)	PARSABIV	P	SP; PA
			REVCOVI	P	SP; PA
			ROCALTROL CAPS (Use calcitriol)	NP	
			sapropterin dihydrochloride PACK	P	SP; PA

Georgia Medicaid Updated November 1, 2024
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<i>sapropterin dihydrochloride TABS</i>	P	SP; PA
SENSIPAR (Use <i>cinacalcet hcl</i>)	NP	SP; PA
<i>sodium phenylbutyrate POWD</i>	P	SP; PA
<i>sodium phenylbutyrate TABS</i>	P	SP; PA
STRENSIQ	P	SP; PA
VIMIZIM	P	SP; PA
XURIDEN	P	SP; PA
ZEMPLAR SOLN (Use <i>paricalcitol</i>)	NP	SP; PA
Natriuretic Peptides		
VOXZOGO	P	SP; PA
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use <i>desmopressin acetate</i>)	NP	SP; PA
DDAVP TABS (Use <i>desmopressin acetate</i>)	NP	QL(6 ea daily)
<i>desmopressin acetate spray</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	P	QL(5 ml per fill retail)
<i>desmopressin acetate SOLN IJ</i>	P	SP; PA
DESMOPRESSIN ACETATE SOLN NA	P	SP; PA
<i>desmopressin acetate TABS</i>	P	QL(6 ea daily)
Somatostatic Agents		
<i>octreotide acetate KIT 20 MG, 30 MG</i>	P	SP; PA
<i>octreotide acetate SOLN</i>	P	SP; PA
SANDOSTATIN LAR DEPOT KIT 10 MG	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT KIT 20 MG, 30 MG (Use <i>octreotide acetate</i>)	NP	SP; PA
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use <i>octreotide acetate</i>)	NP	SP; PA
SIGNIFOR	P	SP; PA
SIGNIFOR LAR	P	SP; PA
Vasopressin Receptor Antagonists		
JYNARQUE TABS	P	SP; PA
JYNARQUE TBPB	P	SP; PA
SAMSCA TABS (Use <i>tolvaptan</i>)	NP	SP; PA
<i>tolvaptan TABS</i>	P	SP; PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVEVELLA TABS 1 MG-0.5 MG (Use <i>estradiol & norethindrone acetate</i>)	NP	QL(1 ea daily)
COMBIPATCH PTTW	P	QL(8 ea per 28 day(s) retail)
<i>estradiol & norethindrone acetate TABS</i>	P	QL(1 ea daily)
<i>norethindrone acetate-ethinyl estradiol</i>	P	
PREMPHASE	P	
PREMPRO	P	
Estrogens		
ALORA PTTW 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	P	QL(8 ea per fill retail)
CLIMARA PTWK (Use <i>estradiol</i>)	NP	QL(4 ea per fill retail)
ESTRACE TABS (Use <i>estradiol</i>)	NP	
<i>estradiol PTTW</i>	P	QL(8 ea per fill retail)

Georgia Medicaid Updated November 1, 2024
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<i>estradiol PTWK</i>	P	QL(4 ea per fill retail)
<i>estradiol TABS</i>	P	
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
PREMARIN TABS	P	QL(1 ea daily)
VIVELLE-DOT PTTW (<i>Use estradiol</i>)	NP	QL(8 ea per fill retail)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)
CIPRO TABS 250 MG, 500 MG (<i>Use ciprofloxacin hcl</i>)	NP	
<i>levofloxacin TABS</i>	P	QL(1 ea daily; 14 ea per fill retail)
<i>ofloxacin 400 MG</i>	P	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 day(s) retail)
MYLICON INFANTS GAS RELIEF SUSP (<i>Use simethicone</i>)	NP	OTC; QL(31 ml per 30 day(s) retail)
<i>simethicone CHEW 80 MG</i>	P	OTC
<i>simethicone LIQD OR 20 MG/0.3ML</i>	P	OTC; QL(31 ml per 30 day(s) retail)
<i>simethicone SUSP</i>	P	OTC; QL(31 ml per 30 day(s) retail)
Bile Acid Synthesis Disorder Agents		

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM	P	SP; PA
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	P	QL(1 ea daily); SP; PA
Gallstone Solubilizing Agents		
CHENODAL	P	SP; PA
URSO 250 TABS (<i>Use ursodiol</i>)	NP	QL(7 ea daily)
<i>ursodiol CAPS</i>	P	
<i>ursodiol TABS 250 MG</i>	P	QL(7 ea daily)
Gastrointestinal Stimulants		
GIMOTI SOLN NA	P	SP; PA
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P	
<i>metoclopramide hcl TABS</i>	P	
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
BYLVAY (PELLETS) CPSP	P	SP; PA
BYLVAY CAPS	P	SP; PA
LIVMARLI	P	SP; PA
Inflammatory Bowel Agents		
APRISO CP24 (<i>Use mesalamine</i>)	NP	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NP	
AVSOLA	P	SP; PA
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP	
<i>balsalazide disodium CAPS</i>	P	QL(9 ea daily)
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)

Georgia Medicaid Updated November 1, 2024
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DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
ENTYVIO SOLR	P	SP; PA
LIALDA TBEC (<i>Use mesalamine</i>)	NP	
<i>mesalamine CP24</i>	P	
<i>mesalamine CPDR</i>	P	
<i>mesalamine ENEM</i>	P	QL(60 ml daily)
<i>mesalamine TBEC</i>	P	
SFROWASA ENEM	P	
STELARA 130 MG/26ML	P	SP; PA
<i>sulfasalazine TABS</i>	P	
<i>sulfasalazine TBEC</i>	P	
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	P	
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) CAPS</i>	P	
Short Bowel Syndrome (SBS) Agents		
GATTEX	P	SP; PA
Tryptophan Hydroxylase Inhibitors		
XERMELO	P	SP; PA
GENITOURINARY AGENTS - MISCELLANEOUS -		
Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	P	
<i>sodium citrate & citric acid</i>	P	QL(500 ml per 30 day(s) retail); RX/OTC
<i>sodium citrate & citric acid</i>	NP	RX/OTC
UROCIT-K 10 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 5 TBCR (<i>Use potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS	P	SP; PA
PROCYSBI CPDR	P	SP; PA
PROCYSBI PACK	P	SP; PA
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Hyperoxaluria Agents		
OXLUMO	P	SP; PA
Prostatic Hypertrophy Agents		
<i>finasteride</i>	P	QL(1 ea daily)
FLOMAX (<i>Use tamsulosin hcl</i>)	NP	QL(2 ea daily)
PROSCAR (<i>Use finasteride</i>)	NP	QL(1 ea daily)
<i>tamsulosin hcl</i>	P	QL(2 ea daily)
Urinary Analgesics		
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (<i>Use phenazopyridine hcl</i>)	NF	
<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	P	
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
THIOLA EC TBEC (<i>Use tiopronin</i>)	NP	SP; PA
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP; PA
<i>tiopronin TABS</i>	P	SP; PA
<i>tiopronin TBEC</i>	P	SP; PA
Vesicoureteral Reflux (VUR) Agents		
DEFLUX	P	SP; PA

Georgia Medicaid

Updated November 1, 2024

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS - Drugs to Treat Gout			GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations			Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P		HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
Gout Agents			Gout Agents		
<i>allopurinol 100 MG, 300 MG</i>	P		HEMOFIL M SOLR 1501 - 2000 UNIT	P	PA
<i>colchicine TABS</i>	P	QL(6 ea per fill retail)	HUMATE-P SOLR	P	SP; PA
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 ea per fill retail)	IDELVION	P	SP; PA
KRYSTEXXA	P	SP; PA	IXINITY SOLR	P	SP; PA
ZYLOPRIM (<i>Use allopurinol</i>)	NP		JIVI	P	SP; PA
Uricosurics			Uricosurics		
<i>probenecid</i>	P		KCENTRA	P	SP; PA
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders			HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products			Antihemophilic Products		
ADVATE	P	SP; PA	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	P	SP; PA
ADYNOVATE	P	SP; PA	KOATE SOLR	P	SP; PA
AFSTYLA	P	SP; PA	KOGENATE FS KIT	P	SP; PA
ALPHANATE SOLR	P	SP; PA	KOVALTRY	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA	NOVOSEVEN RT	P	SP; PA
ALPROLIX	P	SP; PA	NUWIQ KIT	P	SP; PA
BENEFIX KIT	P	SP; PA	NUWIQ SOLR	P	SP; PA
COAGADDEX	P	SP; PA	OBIZUR	P	SP; PA
CORIFACT	P	SP; PA	PROFILNINE	P	SP; PA
ELOCTATE	P	SP; PA	REBINYN	P	SP; PA
ESPEROCT	P	SP; PA	RECOMBINATE SOLR	P	SP; PA
FEIBA	P	SP; PA	RIASTAP	P	SP; PA
FIBRYGA	P	SP; PA	RIXUBIS SOLR	P	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	P	SP; PA	SEVENFACT	P	SP; PA
			TRETTEN	P	SP; PA
			VONVENDI	P	SP; PA
			WILATE KIT	P	SP; PA
			XYNTHA	P	SP; PA
			XYNTHA SOLOFUSE	P	SP; PA
			Bradykinin B2 Receptor Antagonists		
			FIRAZYR SOSY (<i>Use icatibant acetate</i>)	NP	SP; PA
			<i>icatibant acetate SOLN</i>	P	SP; PA
			<i>icatibant acetate SOSY</i>	P	SP; PA
			Complement Inhibitors		
			BERINERT KIT	P	SP; PA

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
CINRYZE SOLR IV	P	SP; PA
ENJAYMO	P	SP; PA
HAEGARDA SOLR SC	P	SP; PA
RUCONEST	P	SP; PA
TAVNEOS	P	SP; PA
Hematorheologic Agents		
<i>pentoxifylline</i>	P	
Hemin		
PANHEMATIN 350 MG	P	SP; PA
Human Protein C		
CEPROTIN	P	SP; PA
Plasma Kallikrein Inhibitors		
KALBITOR	P	SP; PA
ORLADEYO	P	SP; PA
TAKHZYRO SOLN	P	SP; PA
TAKHZYRO SOSY	P	SP; PA
Plasma Proteins		
RYPLAZIM	P	SP; PA
THROMBATE III	P	SP; PA
Platelet Aggregation Inhibitors		
BRILINTA	P	QL(2 ea daily)
CABLIVI	P	SP; PA
<i>cilostazol</i>	P	QL(2 ea daily)
<i>clopidogrel bisulfate 75 MG</i>	P	
<i>dipyridamole</i>	P	
EFFIENT (<i>Use prasugrel hcl</i>)	NP	QL(1 ea daily)
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	
<i>prasugrel hcl</i>	P	QL(1 ea daily)
Pyruvate Kinase Activators		
PYRUKYND TAPER PACK TBPK	P	SP; PA
PYRUKYND TABS	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
Thrombolytic Agent - Misc		
DEFITELIO	P	SP; PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	P	SP; PA
CEREZYME 400 UNIT	P	SP; PA
<i>miglustat</i>	P	SP; PA
ZAVESCA (<i>Use miglustat</i>)	NP	SP; PA
Agents for Sickle Cell Disease		
DROXIA CAPS	P	
ENDARI (<i>Use glutamine (sickle cell)</i>)	NP	SP; PA
<i>glutamine (sickle cell)</i>	P	SP; PA
OXBRYTA TABS 500 MG	P	SP; PA
OXBRYTA TBSO	P	SP; PA
SIKLOS TABS	P	PA
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	QL(10 ml per 270 day(s) retail)
Folic Acid/Folates		
<i>folic acid TABS 1 MG</i>	P	RX/OTC
<i>folic acid TABS 400 MCG, 800 MCG</i>	P	OTC; QL(1 ea daily)
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML, 200 MCG/ML	P	SP; PA
ARANESP ALBUMIN FREE SOSY	P	SP; PA
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA

Georgia Medicaid

Updated November 1, 2024

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
GRANIX SOLN	P	SP; PA
GRANIX SOSY	P	SP; PA
LEUKINE SOLR IJ	P	SP; PA
MIRCERA	P	SP; PA
MULPLETA	P	SP; PA
NEUPOGEN SOLN	P	SP; PA
NEUPOGEN SOSY	P	SP; PA
NIVESTYM SOLN	P	SP; PA
NIVESTYM SOSY	P	SP; PA
NYVEPRIA	P	SP; PA
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
RELEUKO SOLN	P	SP; PA
RELEUKO SOSY	P	SP; PA
RETACRIT	P	SP; PA
ZARXIO	P	SP; PA
Hematopoietic Mixtures		
<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	P	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NP	OTC; QL(3.4 ml daily)
FERRETTTS TABS	P	OTC; QL(2 ea daily)
<i>ferrous fumarate TABS 324 MG</i>	P	OTC; QL(2 ea daily)
FERROUS GLUCONATE TABS 324 MG	P	OTC; QL(100 ea per 30 day(s) retail); AL(Up to 50 yrs old)
<i>ferrous sulfate SOLN 15 MG/ML</i>	P	OTC; QL(3.4 ml daily)
<i>ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	P	OTC; AL(Up to 50 yrs old)
<i>ferrous sulfate TBEC</i>	P	OTC; AL(Up to 50 yrs old)

Drug Name	Drug Tier	Requirements/Limits
FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	NP	OTC; AL(Up to 50 yrs old)
IRON CHEWS PEDIATRIC CHEW	P	OTC
IRON TABS 28 MG	P	OTC
<i>polysaccharide iron complex CAPS 150 MG</i>	P	QL(1 ea daily)
Stem Cell Mobilizers		
MOZOBIL (<i>Use plerixafor</i>)	NP	SP; PA
<i>plerixafor</i>	P	SP; PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR SOLN OR (<i>Use aminocaproic acid</i>)	NP	QL(236.5 ml per 30 day(s) retail); SP
AMICAR TABS 1000 MG (<i>Use aminocaproic acid</i>)	NP	SP; PA
AMICAR TABS 500 MG (<i>Use aminocaproic acid</i>)	NP	QL(24 ea per fill retail); SP
<i>aminocaproic acid SOLN IV 250 MG/ML</i>	P	SP; PA
<i>aminocaproic acid SOLN OR 0.25 GM/ML</i>	P	QL(236.5 ml per 30 day(s) retail); SP
<i>aminocaproic acid TABS 1000 MG</i>	P	SP; PA
<i>aminocaproic acid TABS 500 MG</i>	P	QL(24 ea per fill retail); SP
LYSTEDA TABS (<i>Use tranexamic acid</i>)	NP	QL(30 ea per 7 day(s) retail); AL(At least 12 yrs old)
<i>tranexamic acid TABS</i>	P	QL(30 ea per 7 day(s) retail); AL(At least 12 yrs old)
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		

Georgia Medicaid

Updated November 1, 2024

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl (sleep) CAPS 50 MG</i>	P	OTC
<i>diphenhydramine hcl (sleep) TABS 25 MG</i>	P	OTC; QL(1 ea daily)
<i>diphenhydramine hcl (sleep) TABS 50 MG</i>	P	OTC
<i>doxylamine succinate (sleep)</i>	P	OTC
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NP	OTC
UNISOM SLEEPTABS (Use <i>doxylamine succinate (sleep)</i>)	NP	OTC
Barbiturate Hypnotics		
<i>phenobarbital ELIX</i>	P	
<i>phenobarbital TABS</i>	P	
Non-Barbiturate Hypnotics		
AMBIEN TABS (Use <i>zolpidem tartrate</i>)	NP	QL(14 ea per 31 day(s) retail); AL(At least 21 yrs old)
<i>flurazepam hcl</i>	P	AL(At least 18 yrs old - Up to 65 yrs old)
HALCION 0.25 MG (Use <i>triazolam</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>midazolam hcl SOLN IJ</i>	P	
RESTORIL 15 MG, 30 MG (Use <i>temazepam</i>)	NP	AL(At least 18 yrs old)
<i>temazepam 15 MG, 30 MG</i>	P	AL(At least 18 yrs old)
<i>triazolam</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>zaleplon 10 MG</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
<i>zaleplon 5 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate TABS</i>	P	QL(14 ea per 31 day(s) retail); AL(At least 21 yrs old)
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	P	OTC; QL(10 ea daily)
EVAC POWD (Use <i>psyllium</i>)	NP	OTC
METAMUCIL FREE & NATURAL POWD (Use <i>psyllium</i>)	NP	
METAMUCIL ORIGINAL TEXTURE POWD (Use <i>psyllium</i>)	NP	OTC
METAMUCIL POWD (Use <i>psyllium</i>)	NP	OTC
NATURAL FIBER LAXATIVE POWD	P	OTC
<i>psyllium CAPS 0.52 GM</i>	P	OTC
<i>psyllium POWD 43 %</i>	NP	
<i>psyllium POWD 43 %</i>	P	
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 %</i>	P	OTC
Laxative Combinations		
GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	QL(4000 ml per fill retail)
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	QL(4000 ml per fill retail)
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	P	QL(4000 ml per fill retail)
PEG-PREP	P	
<i>sennosides-docusate sodium TABS</i>	P	OTC; QL(4 ea daily)

Georgia Medicaid Updated November 1, 2024
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SEKOT S TABS (<i>Use sennosides-docusate sodium</i>)	NP	OTC; QL(4 ea daily)	DULCOLAX PINK LAXATIVE TBEC (<i>Use bisacodyl</i>)	NP	OTC; QL(1 ea daily)
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	P		DULCOLAX SUPP (<i>Use bisacodyl</i>)	NP	OTC; QL(12 ea per fill retail)
SUPREP BOWEL PREP KIT (<i>Use sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP		DULCOLAX TBEC (<i>Use bisacodyl</i>)	NP	OTC; QL(1 ea daily)
Laxatives - Miscellaneous			<i>sennosides TABS 8.6 MG</i>	P	OTC; QL(12 ea per fill retail)
<i>glycerin (laxative) SUPP 2 GM</i>	P	OTC	SEKOT TABS (<i>Use sennosides</i>)	NP	OTC; QL(12 ea per fill retail)
GLYCERIN ADULT SUPP (<i>Use glycerin (laxative)</i>)	NP	OTC	Surfactant Laxatives		
<i>lactulose SOLN</i>	P		COLACE CLEAR CAPS (<i>Use docusate sodium</i>)	NP	OTC
MIRALAX POWD (<i>Use polyethylene glycol 3350</i>)	NP	QL(34 gm daily)	COLACE CAPS 100 MG (<i>Use docusate sodium</i>)	NP	OTC; QL(3 ea daily)
<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)	<i>docusate sodium CAPS 50 MG</i>	P	OTC
SORBITOL OR 70 %	P	OTC	<i>docusate sodium CAPS 100 MG, 250 MG</i>	P	OTC; QL(3 ea daily)
Saline Laxatives			<i>docusate sodium LIQD 50 MG/5ML, 100 MG/10ML</i>	P	OTC
FLEET ENEMA ENEM (<i>Use sodium phosphates</i>)	NP	OTC	DOCUSATE SODIUM SYRP	P	OTC
FLEET PEDIATRIC ENEM (<i>Use sodium phosphates</i>)	NP	OTC	<i>docusate sodium TABS</i>	P	OTC
FLEET SALINE ENEMA EXTRAVOLUME ENEM (<i>Use sodium phosphates</i>)	NP	OTC	MACROLIDES - Drugs to Treat Bacterial Infections		
<i>magnesium citrate</i>	P	OTC	Azithromycin		
<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	P	OTC; QL(992 ml per 30 day(s) retail)	<i>azithromycin PACK</i>	P	QL(2 ea per fill retail)
<i>sodium phosphates ENEM</i>	P	OTC	<i>azithromycin SUSR 200 MG/5ML</i>	P	QL(30 ml per fill retail)
Stimulant Laxatives			<i>azithromycin SUSR 100 MG/5ML</i>	P	QL(15 ml per fill retail)
<i>bisacodyl SUPP</i>	P	OTC; QL(12 ea per fill retail)	<i>azithromycin TABS 500 MG</i>	P	QL(4 ea daily)
<i>bisacodyl TBEC</i>	P	OTC; QL(1 ea daily)	<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)
			<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 day(s) retail)
			ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP	QL(4 ea daily)

Georgia Medicaid Updated November 1, 2024
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Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX Z-PAK TABS (Use azithromycin)	NP	QL(6 ea per fill retail)
ZITHROMAX PACK (Use azithromycin)	NP	QL(2 ea per fill retail)
ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	NP	QL(30 ml per fill retail)
ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	NP	QL(15 ml per fill retail)
ZITHROMAX TABS 500 MG (Use azithromycin)	NP	QL(4 ea daily)
ZITHROMAX TABS 250 MG (Use azithromycin)	NP	QL(6 ea per fill retail)
Clarithromycin		
clarithromycin SUSR 250 MG/5ML	P	QL(200 ml per fill retail)
clarithromycin SUSR 125 MG/5ML	P	QL(100 ml per fill retail)
clarithromycin TABS	P	QL(28 ea per fill retail)
clarithromycin TB24	P	QL(14 ea per fill retail)
Erythromycins		
E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	NP	
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	NP	
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	NP	
erythromycin base CPEP	P	
erythromycin base TABS	P	
erythromycin base TBEC	P	
erythromycin ethylsuccinate SUSR	P	
erythromycin ethylsuccinate TABS	P	
erythromycin stearate TABS 250 MG	P	

Drug Name	Drug Tier	Requirements/Limits
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
GAUZE SPONGES	P	RX/OTC
Contraceptives		
CONDOMS-MISC	P	QL (36 ea per 30 days retail); OTC
Diabetic Supplies		
BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
DEXCOM G6 RECEIVER	NP	
DEXCOM G7 RECEIVER	NP	
DEXCOM G7 SENSOR	NP	
EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
EVERSENSE 365 SENSOR/HOLDER	NP	
EVERSENSE E3 SENSOR/HOLDER	NP	
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA

Georgia Medicaid Updated November 1, 2024
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FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA	ONETOUCH ULTRA 2 KIT	P	RX/OTC
FREESTYLE LIBRE 2 PLUS/SENOSR/FLASH GLUCOSE MONITOR SYSTEM	NP		ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	P	RX/OTC
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	NP		ONETOUCH VERIO REFLECT KIT	P	RX/OTC
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	ONETOUCH VERIO REFLECT KIT	P	RX/OTC
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail); PA	SOF-SENSOR	NP	
FREESTYLE LIBRE 3/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail); PA	TEMPO WELCOME KIT	NP	RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	Misc. Devices		
GUARDIAN 4 GLUCOSE SENSOR	NP		ALCOHOL PREP PADS-MISC	P	OTC
GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	NP		Optical and Ophthalmic Supplies		
LANCETS-MISC	P	QL (6.67 ea daily); OTC	SUSVIMO OCULAR IMPLANT	P	SP; PA
LANCING DEVICE-MISC	P	OTC	Parenteral Therapy Supplies		
MM BLOOD GLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC	ADVOCATE INSULIN PEN NEEDLE/32GX4MM	NP	RX/OTC
ONETOUCH SOLUTIONS FIT KIT	NP		AQINJECT PEN NEEDLE/31G X 3/16"	NP	RX/OTC
ONETOUCH ULTRA 2 KIT	P	RX/OTC	AQINJECT PEN NEEDLE/32G X 5/32"	NP	RX/OTC
			ASSURE ID DUO PRO SAFETYPEN NEEDLES 31G X 5MM	NP	RX/OTC
			ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM	NP	RX/OTC
			AUM INSULIN SAFETY PEN NEEDLE/31GX5MM	NP	RX/OTC

Georgia Medicaid Updated November 1, 2024
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AUM PEN NEEDLE/32GX4MM	NP	RX/OTC	PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	NP	RX/OTC
AUM PEN NEEDLE/32GX6MM	NP		PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC
BD PEN NEEDLES	P	QL (5 ea daily); OTC	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	NP	RX/OTC
COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC	SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	NP	RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	NP	RX/OTC	SURE COMFORT PEN NEEDLES32GX5/32" (4MM)	NP	RX/OTC
EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	NP	RX/OTC	TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	NP	RX/OTC
EMBRACE PEN NEEDLES/30G X 5MM	NP	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NP	RX/OTC
EMBRACE PEN NEEDLES/31G X 5MM	NP	RX/OTC	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NP	RX/OTC
EMBRACE PEN NEEDLES/31G X 8MM	NP	RX/OTC	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAINERS	NP	RX/OTC
EMBRACE PEN NEEDLES/32G X 4MM	NP	RX/OTC	ULTIGUARD SAFEPACK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAINERS	NP	
INSULIN SYRINGES	P	QL (5 ea daily); OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	NP	RX/OTC
INSULIN SYRINGES-MISC	P	QL (5 ea daily); RX/OTC	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	NP	RX/OTC
INSUPEN 31G X 5MM	NP	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	NP	RX/OTC
INSUPEN 31G X 8MM	NP	RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	NP	RX/OTC
INSUPEN 32G X 4MM	NP	RX/OTC			
PEN NEEDLES 30GX5MM	NP	RX/OTC			
PEN NEEDLES 31G X 8MM	NP	RX/OTC			
PEN NEEDLES 31GX5MM	NP	RX/OTC			
PEN NEEDLES 31GX8MM	NP	RX/OTC			
PEN NEEDLES 32G X 4MM	NP	RX/OTC			
PEN NEEDLES 32GX4MM	NP	RX/OTC			

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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VERIFINE INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	AEROECLIPSE MASK SMALL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	AEROTRACH PLUS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	NP	RX/OTC	AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	NP		AIRZONE PEAK FLOW METER	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	NP	RX/OTC	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	NP	RX/OTC	ASSESS PEAK FLOW METER FULL RANGE	P	RX/OTC
VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	NP	RX/OTC	ASSESS PEAK FLOW METER LOW RANGE	P	RX/OTC
VERIFINE PLUS PEN NEEDLE/32G X 4MM	NP	RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			BREATHE EASE NEBULIZER MASK/INFANT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE PEAK FLOW METER	P	RX/OTC
ACTIVITY POUCH MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	CARETOUCH CPAP & BIPAP HOSE/6FT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	CARETOUCH CPAP MASK WIPES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	P	QL(1 ml per 360 day(s) retail); RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	CARETOUCH CPAP TUBE CLEANING BRUSH MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			
AEROECLIPSE MASK MEDIUM MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			

Georgia Medicaid Updated November 1, 2024
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CARETOUCH UNIVERSAL CPAPFILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE PEAK FLOW METER	P	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 ea per 360 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE FULL RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE/LOW RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC
DISPOSABLE PAPER MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	LUNG PERFORMANCE PEAK FLOW METER	P	RX/OTC
EASY FLOW HEPA FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	QL(1 ea per 360 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 ea per 360 day(s) retail); RX/OTC
EXPIRATORY MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	MICROLIFE DIGITAL PEAK FLOW METER	P	RX/OTC
FILTER AIR PP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	P	RX/OTC
			MINI WRIGHT PEAK FLOW METER	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	P	RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BUBBLES PEDIATRIC AEROSOL MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI EXPIRATORY FILTER VALVE SET DEVI	P	QL(1 ea per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI MASK SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ONE FLOW TESTER TUBE MOUTHPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PARI SOFT PLASTIC PEDIATRIC MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	P	QL(1 ea per 360 day(s) retail); RX/OTC
PANDA MASK LARGE	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEAK A-I-R FLOW METER	P	RX/OTC
PANDA MASK MEDIUM	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	P	RX/OTC
PANDA MASK SMALL	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC DISPOSABLE MOUTPIECE MISC	P	QL(1 ea per 180 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PARI BABY CONVERSION KITSIZE 1 MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	P	QL(1 ea per 360 day(s) retail); RX/OTC
			PERSONAL BEST FULL RANGE	P	RX/OTC

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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PFLEX MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SAMI THE SEAL REPLACEMENTFILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PIKO 1 ELECTRONIC	P	RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACEMASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKET PEAK FLOW METER	P	RX/OTC	SIDESTREAM PLUS ADULT FACE MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKETPEAK PEAK FLOW METER LOW RANGE	P	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	P	RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT PEAK FLOW METER ADULT	P	RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
PURE COMFORT PEAK FLOW METER CHILD	P	RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MEDICATION CUP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
REPLACEMENT FILTERS MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC			

Georgia Medicaid Updated November 1, 2024
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SOOTHENE NBL100 ADULT MASK MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	<i>eletriptan hydrobromide</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES	P	QL (3 ea per 180days retail)	IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
SPACER/AEROSOL-HOLDING CHAMBERS	P	QL (2 ea per 360 days retail)	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
SPACERS AND BREATHING CHAMBERS-MISC	P	RX/OTC	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
STRIVE DUAL ZONE PEAK FLOW METER	P	RX/OTC	IMITREX TABS (Use <i>sumatriptan succinate</i>)	NP	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)
THRESHOLD IMT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(0.4 ea daily)
TRUZONE PEAK FLOW METER	P	RX/OTC	MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
TUBING/WING TIP MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	<i>naratriptan hcl</i>	P	QL(9 ea per 30 day(s) retail); AL(At least 18 yrs old)
ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	RELPAK (Use <i>eletriptan hydrobromide</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)
WINDMILL TRAINER MISC	P	QL(1 ea per 360 day(s) retail); RX/OTC	<i>rizatriptan benzoate TABS</i>	P	QL(12 ea per 30 day(s) retail); AL(At least 6 yrs old)
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			<i>rizatriptan benzoate TBDP</i>	P	QL(0.4 ea daily)
Migraine Combinations			<i>sumatriptan</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)
CAFERGOT TABS (Use <i>ergotamine w/ caffeine</i>)	NP	AL(At least 18 yrs old)	<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)
<i>ergotamine w/ caffeine TABS</i>	P	AL(At least 18 yrs old)			
Migraine Products					
<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	P	AL(At least 18 yrs old)			
MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NP	AL(At least 18 yrs old)			
Serotonin Agonists					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ml per 30 day(s) retail); AL(At least 12 yrs old)	<i>calcium carbonate-cholecalciferol TABS 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	P	OTC
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)	<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	P	OTC; QL(2 ea daily)
<i>sumatriptan succinate TABS</i>	P	QL(9 ea per 30 day(s) retail); AL(At least 12 yrs old)	<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	P	OTC
<i>zolmitriptan SOLN 5 MG</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)	CALTRATE 600+D3 TABS (Use <i>calcium carbonate-cholecalciferol</i>)	NP	QL(2 ea daily)
<i>zolmitriptan TABS</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	CALTRATE BONE HEALTH TABS (Use <i>calcium carbonate-cholecalciferol</i>)	NP	QL(2 ea daily)
<i>zolmitriptan TBDP</i>	P	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	<i>oyster shell</i>	P	OTC
ZOMIG SOLN (Use <i>zolmitriptan</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 12 yrs old)	OYSTER SHELL CALCIUM/D TABS	P	OTC
ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NP	QL(6 ea per 30 day(s) retail); AL(At least 18 yrs old)	PARVA-CAL	P	OTC
			QC CALCIUM 500MG/D3 TABS	P	OTC
Electrolyte Mixtures					
			BIOLYTE SOLN	P	QL(1000 ml per fill retail)
			CERALYTE 70 SOLN	P	QL(1000 ml per fill retail)
			CERASPORT EX1 SOLN	P	QL(1000 ml per fill retail)
			CERASPORT SOLN	P	QL(1000 ml per fill retail)
			ENFAMIL ENFALYTE SOLN	P	QL(1000 ml per fill retail)
			EQUALYTE SOLN (Use <i>oral electrolytes</i>)	NP	QL(1000 ml per fill retail)
			FT ELECTROLYTE SOLUTION SOLN	P	QL(1000 ml per fill retail)
			GOODSENSE ELECTROLYTE ADVANTAGE CARE SOLN	P	QL(1000 ml per fill retail)
MINERALS & ELECTROLYTES					
Calcium					
CALCIUM 600+D HIGH POTENCY TABS	P	OTC; QL(2 ea daily)			
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 800 UNIT-600 MG</i>	P	QL(2 ea daily)			

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HYDRALYTE FREEZER POPS SOLN	P	QL(1000 ml per fill retail)	MAGNESIUM CAPS 400 MG	P	OTC
HYDRALYTE SOLN	P	QL(1000 ml per fill retail)	MAGOX 400 TABS (Use magnesium oxide (mg supplement))	NP	OTC
KINDERLYTE PREMAX SOLN	P	QL(1000 ml per fill retail)	Phosphate		
KINDERLYTE SOLN	P	QL(1000 ml per fill retail)	K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NP	QL(8 ea daily)
oral electrolytes SOLN	P	QL(1000 ml per fill retail)	pot phosphate monobasic w/ sod phosphate dibasic & monobasic	P	QL(8 ea daily)
ORALYTE SOLN	P	QL(1000 ml per fill retail)	Potassium		
PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	NP	QL(1000 ml per fill retail)	K-TAB TBCR 10 MEQ (Use potassium chloride)	NP	
PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	NP	QL(1000 ml per fill retail)	potassium bicarbonate TBEF	P	
PEDIALYTE IMMUNE SUPPORT SOLN	P	QL(1000 ml per fill retail)	potassium chloride microencapsulated crystals er	P	
PEDIALYTE SINGLES SOLN (Use oral electrolytes)	NP	QL(1000 ml per fill retail)	potassium chloride CPCR 8 MEQ	P	QL(1 ea daily)
PEDIALYTE SOLN (Use oral electrolytes)	NP	QL(1000 ml per fill retail)	potassium chloride CPCR 10 MEQ	P	
TRUELYTE SOLN	P	QL(1000 ml per fill retail)	potassium chloride PACK OR 20 MEQ	P	
Fluoride			potassium chloride SOLN OR 10 %, 20 %	P	
sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	P	AL(Up to 15 yrs old)	potassium chloride TBCR 8 MEQ, 10 MEQ	P	
sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	P	AL(Up to 15 yrs old); RX/OTC	Zinc		
SOLUVITA SOLN	P	AL(Up to 15 yrs old); RX/OTC	zinc sulfate CAPS	P	QL(100 ea per fill retail)
Magnesium			MISCELLANEOUS THERAPEUTIC CLASSES		
MAGNESIUM EXTRA STRENGTH CAPS	P	OTC	Allogeneic Tissue		
magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG	P	OTC	RETHYMIC	P	SP; PA
MAGNESIUM OXIDE CAPS	P	OTC	Chelating Agents		
			DEPEN TITRATABS TABS (Use penicillamine)	NP	

Georgia Medicaid Updated November 1, 2024
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<i>penicillamine TABS</i>	P	
SYPRINE (<i>Use trientine hcl</i>)	NP	SP; PA
<i>trientine hcl 250 MG</i>	P	SP; PA
<i>trientine hcl 500 MG</i>	P	SP
Enzymes		
XIAFLEX	P	SP; PA
Fecal Incontinence Bulking Agents		
SOLESTA	P	SP; PA
Immunomodulators		
<i>lenalidomide</i>	P	SP; PA
REVLIMID	P	SP; PA
REZUROCK	P	SP; PA
THALOMID	P	SP; PA
VYVGART	P	SP; PA
Immunosuppressive Agents		
ATGAM IV 50 MG/ML	P	SP; PA
<i>azathioprine TABS 75 MG, 100 MG</i>	P	PA
<i>azathioprine TABS 50 MG</i>	P	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	
<i>cyclosporine modified (for microemulsion) SOLN</i>	P	
<i>cyclosporine CAPS</i>	P	
<i>cyclosporine SOLN IV 50 MG/ML</i>	P	
ENSPRYNG	P	SP; PA
GAMIFANT	P	SP; PA
IMURAN TABS (<i>Use azathioprine</i>)	NP	
LUPKYNIS	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil CAPS</i>	P	
<i>mycophenolate mofetil SUSR</i>	P	
<i>mycophenolate mofetil TABS</i>	P	
<i>mycophenolate sodium</i>	P	
MYFORTIC (<i>Use mycophenolate sodium</i>)	NP	
NEORAL CAPS (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	
NEORAL SOLN (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	
NULOJIX	P	SP; PA
PROGRAF CAPS (<i>Use tacrolimus</i>)	NP	
PROGRAF PACK	P	PA
RAPAMUNE SOLN (<i>Use sirolimus</i>)	NP	
RAPAMUNE TABS (<i>Use sirolimus</i>)	NP	
SANDIMMUNE CAPS (<i>Use cyclosporine</i>)	NP	
SANDIMMUNE SOLN IV 50 MG/ML	P	
<i>sirolimus SOLN</i>	P	
<i>sirolimus TABS</i>	P	
<i>tacrolimus CAPS</i>	P	
THYMOGLOBULIN	P	SP; PA
Lymphatic Agents		
SYLVANT	P	SP; PA
PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
VIJOICE TBPK	P	SP; PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate POWD</i>	P	

Georgia Medicaid

Updated November 1, 2024

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	P	
Progeria Treatment Agents		
ZOKINVY	P	SP; PA
Systemic Lupus Erythematosus Agents		
BENLYSTA SOAJ	P	SP; PA
BENLYSTA SOLR	P	SP; PA
BENLYSTA SOSY	P	SP; PA
SAPHNELO	P	SP; PA
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ml per fill retail)
Anti-infectives - Throat		
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NP	QL(120 ml per fill retail)
<i>nystatin (mouth-throat)</i>	P	QL(120 ml per fill retail)
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	P	
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NP	
Dental Products		
PREVIDENT 5000 BOOSTER PLUS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 KIDS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (<i>Use sodium fluoride (dental)</i>)	NP	
PREVIDENT 5000 PLUS CREA (<i>Use sodium fluoride (dental)</i>)	NP	PA
PREVIDENT FLUORIDE GEL (<i>Use sodium fluoride (dental)</i>)	NP	
<i>sodium fluoride (dental) CREA</i>	P	PA
<i>sodium fluoride (dental) GEL</i>	P	
<i>sodium fluoride (dental) PSTE DT</i>	P	
Periodontal Products		
ARESTIN	P	SP; PA
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	P	QL(5 gm per fill retail)
Throat Products - Misc.		
AQUORAL SOLN	P	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
CAPHOSOL SOLN	P	QL(900 ml per fill retail); RX/OTC
CVS DRY MOUTH SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	P	QL(900 ml per fill retail); RX/OTC
MOI-STIR SOLN	P	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	P	QL(900 ml per fill retail); RX/OTC

Georgia Medicaid Updated November 1, 2024
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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MOUTH KOTE SOLN	P	QL(900 ea per fill retail); RX/OTC	MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC
NUMOISYN LIQD	P	QL(900 ml per fill retail); RX/OTC	Multivitamins		
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	P	QL(900 ml per fill retail); RX/OTC	ALTRIXA TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	P	QL(6 ea daily)	AMLADEx TABS	P	OTC; QL(1 ea daily); RX/OTC
RA DRY MOUTH SOLN	P	QL(900 ml per fill retail); RX/OTC	ESTROFACTORS TABS	P	OTC; QL(1 ea daily); RX/OTC
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NP	QL(6 ea daily)	FOLCYTEINE TABS	P	OTC; QL(1 ea daily); RX/OTC
XEROSTOMIA RELIEF SPRAY SOLN	P	QL(900 ml per fill retail); RX/OTC	GENICIN VITA-Q TABS	P	OTC; QL(1 ea daily); RX/OTC
MULTIVITAMINS			HIGH POTENCY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
B-Complex Vitamins			MULTI VITAMIN/D-3 TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex vitamins CAPS</i>	P	OTC; QL(1 ea daily)	MULTI VITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex vitamins TABS</i>	P	QL(1 ea daily)	<i>multiple vitamin TABS</i>	P	OTC; QL(1 ea daily); RX/OTC
B-Complex w/ C			MULTIVITAMIN ADULT TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b complex w/ c CAPS</i>	P	OTC; QL(1 ea daily)	MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG	P	OTC; QL(1 ea daily); RX/OTC
B-Complex w/ Folic Acid			NEOMULTIVITE TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid CAPS</i>	P	QL(1 ea daily); RX/OTC	OMNICAP TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	P	QL(1 ea daily); RX/OTC	ONE DAILY ESSENTIALS TABS	P	OTC; QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron			ONE DAILY ESSENTIAL TABS	P	OTC; QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ iron TABS</i>	P	OTC; QL(1 ea daily)	ONE VITE DAILY MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	P	OTC; QL(1 ea daily)	ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals			ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NP	OTC; QL(1 ea daily); RX/OTC
MULTIPLE VITAMINS W/ MINERALS TABS	P	RX/OTC	QUINTABS TABS	P	OTC; QL(1 ea daily); RX/OTC

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STRESS FORMULA W/ZINC FORENERGY TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-1 MG-15 UNIT	P	RX/OTC
THERA TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
THEREMS MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW	P	RX/OTC
TM-DAILY VITE TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT-400 UNIT-15 UNIT-0.5 MG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
TRUE MULTIVITAMIN TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTIVITAMIN WITH FLUORIDE SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC
VITAZYME TABS	P	OTC; QL(1 ea daily); RX/OTC	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC
Ped Multi Vitamins w/Fl & FE			MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-0.5 MG-600 MCG-4.5 MCG-230 MCG	P	RX/OTC
<i>ped multivitamins w/fl & iron SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	<i>pediatric multivitamins w/fl CHEW</i>	P	RX/OTC
Ped Multiple Vitamins w/ Minerals					
PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	P	RX/OTC			
Ped MV w/ Fluoride					
FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-1 MG-250 MCG	P	RX/OTC			
FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-0.5 MG-250 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC			
FLORIVA PLUS SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>pediatric multivitamins w/fl CHEW</i>	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	P	OTC; QL(60 ml per fill retail)
<i>pediatric multivitamins w/fl SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	P	OTC; QL(60 ml per fill retail)
<i>pediatric vitamins acid w/ fluoride SOLN</i>	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	POLY-VI-SOL/IRON SOLN	P	OTC; QL(60 ml per fill retail)
POLY-VI-FLOR CHEW	P	RX/OTC	POLY-VITA/IRON SOLN	P	OTC; QL(60 ml per fill retail)
POLY-VI-FLOR CHEW	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG-15 UNIT-1 MG-108 MCG	P	RX/OTC	Pediatric Multiple Vitamins		
QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG-108 MCG	P	QL(1 ea daily); AL(Up to 21 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN OR	P	OTC; QL(50 ml per fill retail)
QUFLORA PEDIATRIC SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	MULTIVITAMIN INFANT & TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)
SOLUVITA SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	MULTIVITAMIN INFANT/TODDLER SOLN OR	P	OTC; QL(50 ml per fill retail)
VITAMINS A/C/D/FLUORIDE SOLN	P	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	P	OTC; QL(50 ml per fill retail)
Ped MV w/ Iron			POLY-VI-SOL SOLN OR	P	OTC; QL(50 ml per fill retail)
BPROTECTED PEDIA POLY-VITE/IRON SOLN	P	OTC; QL(60 ml per fill retail)	POLY-VITA SOLN OR	P	OTC; QL(50 ml per fill retail)
			POLY-VITE PEDIATRIC SOLN OR	P	OTC; QL(50 ml per fill retail)
			Prenatal Vitamins		
			PRENATAL VITAMINS-MISC	P	RX/OTC
			Vitamins w/ Lipotropics		
			<i>vitamins w/ lipotropics CAPS</i>	P	OTC; QL(1 ea daily)
			MUSCULOSKELETAL THERAPY AGENTS -		
			Drugs to Treat Spasms		
			Articular Cartilage Repair Therapy		
			MACI	P	SP; PA
			Central Muscle Relaxants		

Georgia Medicaid Updated November 1, 2024
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<i>baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML</i>	P	SP; PA
<i>baclofen TABS 10 MG, 20 MG</i>	P	
<i>chlorzoxazone TABS 500 MG</i>	P	
<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)
GABLOFEN SOLN IT (Use <i>baclofen</i>)	NP	SP; PA
GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML	P	SP; PA
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	P	SP; PA
LIORESAL INTRATHECAL SOLN IT (Use <i>baclofen</i>)	NP	SP; PA
<i>methocarbamol TABS 500 MG, 750 MG</i>	P	
<i>orphenadrine citrate TB12</i>	P	
<i>tizanidine hcl TABS</i>	P	
ZANAFLEX TABS 4 MG (Use <i>tizanidine hcl</i>)	NP	
Viscosupplements		
DUROLANE PRSY	P	SP; PA
EUFLEXXA SOSY	P	SP; PA
GEL-ONE	P	SP; PA
GELSYN-3 SOSY	P	SP; PA
GENVISC 850 SOSY	P	SP; PA
HYALGAN SOLN	P	SP; PA
HYALGAN SOSY	P	SP; PA
HYMOVIS	P	SP; PA
HYRONAN KIT	P	SP; PA
MONOVISC	P	SP; PA
ORTHOVISC	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
SUPARTZ FX SOSY	P	SP; PA
SYNOJOYNT SOSY	P	SP; PA
SYNVISC ONE SOSY	P	SP; PA
SYNVISC SOSY	P	SP; PA
TRILURON SOSY	P	SP; PA
TRIVISC SOSY	P	SP; PA
VISCO-3 SOSY	P	SP; PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
SALINE NASAL SPRAY 0.65%	P	OTC; QL(480 ml per fill retail); AL(Up to 21 yrs old)
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	
<i>azelastine hcl 0.15 %, 205.5 MCG/SPRAY</i>	P	QL(30 ml per fill retail); RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	OTC; QL(26 ml per 30 day(s) retail)
NASALCROM (Use <i>cromolyn sodium (nasal)</i>)	NP	OTC; QL(26 ml per 30 day(s) retail)
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ml per 30 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ml per 30 day(s) retail)
Nasal Steroids		

Georgia Medicaid Updated November 1, 2024
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FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC	SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	NP	OTC; QL(24 ea per fill retail)
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NP	QL(16 ml per fill retail); RX/OTC	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl)	NP	OTC; AL(Up to 21 yrs old)
flunisolide (nasal) 0.025 %	P	QL(25 ml per 30 day(s) retail)	NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
fluticasone propionate (nasal) SUSP	P	QL(16 ml per fill retail); RX/OTC	ALS Agents		
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NP	AL(At least 2 yrs old)	edaravone SOLN	P	SP; PA
triamcinolone acetonide (nasal) AERO	P	AL(At least 2 yrs old)	EXSERVAN FILM	P	SP; PA
Sympathomimetic Decongestants			RADICAVA ORS STARTER KIT SUSP	P	SP; PA
ADRENALIN 0.1 % (Use epinephrine hcl (nasal))	NP	QL(120 ml per fill retail); AL(Up to 21 yrs old)	RADICAVA ORS SUSP	P	SP; PA
epinephrine hcl (nasal)	P	QL(120 ml per fill retail); AL(Up to 21 yrs old)	RADICAVA SOLN (Use edaravone)	NP	SP; PA
phenylephrine hcl (oral) TABS	P	OTC; QL(24 ea per fill retail)	RILUTEK TABS (Use riluzole)	NP	PA
pseudoephedrine hcl TABS	P	OTC; AL(Up to 21 yrs old)	riluzole TABS	P	PA
pseudoephedrine hcl TB12	P	OTC; QL(62 ea per 30 day(s) retail); AL(Up to 21 yrs old)	TEGLUTIK SUSP	P	SP; PA
SUDAFED CHILDRENS LIQD	P	OTC; AL(Up to 21 yrs old)	TIGLUTIK SUSP	P	SP; PA
SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	NP	OTC; AL(Up to 21 yrs old)	Muscular Dystrophy Agents		
SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	P	OTC; QL(120 ml per fill retail)	AMONDYS 45	P	SP; PA
			EXONDYS 51	P	SP; PA
			VILTEPSO	P	SP; PA
			VYONDYS 53	P	SP; PA
			Spinal Muscular Atrophy Agents (SMA)		
			EVRYSDI	P	SP; PA
			SPINRAZA	P	SP; PA
			ZOLGENSMA 10.1-10.5 KG	P	SP; PA
			ZOLGENSMA 10.6-11.0 KG	P	SP; PA
			ZOLGENSMA 11.1-11.5 KG	P	SP; PA
			ZOLGENSMA 11.6-12.0 KG	P	SP; PA

Georgia Medicaid

Updated November 1, 2024

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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ZOLGENSMA 12.1-12.5 KG	P	SP; PA
ZOLGENSMA 12.6-13.0 KG	P	SP; PA
ZOLGENSMA 13.1-13.5 KG	P	SP; PA
ZOLGENSMA 13.6-14.0 KG	P	SP; PA
ZOLGENSMA 14.1-14.5 KG	P	SP; PA
ZOLGENSMA 14.6-15.0 KG	P	SP; PA
ZOLGENSMA 15.1-15.5 KG	P	SP; PA
ZOLGENSMA 15.6-16.0 KG	P	SP; PA
ZOLGENSMA 16.1-16.5 KG	P	SP; PA
ZOLGENSMA 16.6-17.0 KG	P	SP; PA
ZOLGENSMA 17.1-17.5 KG	P	SP; PA
ZOLGENSMA 17.6-18.0 KG	P	SP; PA
ZOLGENSMA 18.1-18.5 KG	P	SP; PA
ZOLGENSMA 18.6-19.0 KG	P	SP; PA
ZOLGENSMA 19.1-19.5 KG	P	SP; PA
ZOLGENSMA 19.6-20.0 KG	P	SP; PA
ZOLGENSMA 2.6-3.0 KG	P	SP; PA
ZOLGENSMA 20.1-20.5 KG	P	SP; PA
ZOLGENSMA 20.6-21.0 KG	P	SP; PA
ZOLGENSMA 3.1-3.5 KG	P	SP; PA
ZOLGENSMA 3.6-4.0 KG	P	SP; PA
ZOLGENSMA 4.1-4.5 KG	P	SP; PA
ZOLGENSMA 4.6-5.0 KG	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ZOLGENSMA 5.1-5.5 KG	P	SP; PA
ZOLGENSMA 5.6-6.0 KG	P	SP; PA
ZOLGENSMA 6.1-6.5 KG	P	SP; PA
ZOLGENSMA 6.6-7.0 KG	P	SP; PA
ZOLGENSMA 7.1-7.5 KG	P	SP; PA
ZOLGENSMA 7.6-8.0 KG	P	SP; PA
ZOLGENSMA 8.1-8.5 KG	P	SP; PA
ZOLGENSMA 8.6-9.0 KG	P	SP; PA
ZOLGENSMA 9.1-9.5 KG	P	SP; PA
ZOLGENSMA 9.6-10.0 KG	P	SP; PA
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	P	OTC; QL(124 ml per fill retail)
POLYCOSE POWD	P	OTC; QL(350 gm per fill retail)
Lipids		
DOJOLVI	P	SP; PA
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS</i>	P	OTC; QL(6 ea daily)
<i>omega-3 fatty acids CPDR</i>	P	QL(6 ea daily)
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>polyvinyl alcohol 1.4 %</i>	P	OTC; QL(31 ml per 30 day(s) retail)
<i>white petrolatum-mineral oil</i>	P	OTC; QL(30 gm per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	
<i>carteolol hcl (ophth)</i>	P	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per 30 day(s) retail)

Georgia Medicaid Updated November 1, 2024
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DORZOLAMIDE HCL/TIMOLOL MALEATE	P	QL(10 ml per 30 day(s) retail)	<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 30 day(s) retail)	Ophthalmic - Angiogenesis Inhibitors		
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per 30 day(s) retail)	BEOVU SOLN	P	SP; PA
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ml per 30 day(s) retail)	BEVACIZUMAB IZ 2.75 MG/0.11ML	P	PA
TIMOPTIC OCUDOSE SOLN (Use <i>timolol maleate (ophth)</i>)	NP	QL(15 ea per 30 day(s) retail)	BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	P	SP; PA
TIMOPTIC SOLN (Use <i>timolol maleate (ophth)</i>)	NP	QL(15 ml per 30 day(s) retail)	EYLEA HD SOLN	P	SP; PA
Cycloplegic Mydriatics			EYLEA SOLN	P	SP; PA
<i>atropine sulfate (ophthalmic) OINT</i>	P		EYLEA SOSY	P	SP; PA
<i>atropine sulfate (ophthalmic) SOLN</i>	P		LUCENTIS SOLN 0.3 MG/0.05ML	P	SP; PA
ATROPINE SULFATE SOLN 1 % (Use <i>atropine sulfate (ophthalmic)</i>)	NP		LUCENTIS SOSY	P	SP; PA
ATROPINE SULFATE SOLN 1 %	P		SUSVIMO SOLN	P	SP; PA
CYCLOGYL (Use <i>cyclopentolate hcl</i>)	NP		VABYSMO SOLN	P	SP; PA
CYCLOGYL 0.5 %	P	QL(15 ml per 30 day(s) retail)	Ophthalmic Adrenergic Agents		
CYCLOGYL 2 %	P		<i>apraclonidine hcl</i>	P	
<i>cyclopentolate hcl 1 %, 2 %</i>	P		<i>brimonidine tartrate 0.2 %</i>	P	
<i>cyclopentolate hcl 0.5 %</i>	P	QL(15 ml per 30 day(s) retail)	IOPIDINE	P	
<i>homatropine hbr</i>	P	QL(15 ml per fill retail)	Ophthalmic Anti-infectives		
ISOPTO ATROPINE SOLN	P		BACIGUENT	P	QL(4 gm per 30 day(s) retail)
MYDRIACYL SOLN (Use <i>tropicamide</i>)	NP		<i>bacitracin (ophthalmic)</i>	P	QL(4 gm per 30 day(s) retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	P	QL(5 ml per 30 day(s) retail)	<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 gm per 30 day(s) retail)
<i>tropicamide SOLN</i>	P		CILOXAN OINT	P	
Miotics			<i>ciprofloxacin hcl (ophth) SOLN</i>	P	
			ERYTHROMYCIN	P	
			<i>erythromycin (ophth)</i>	P	
			<i>gentamicin sulfate (ophth) OINT</i>	P	QL(4 gm per 30 day(s) retail)
			<i>gentamicin sulfate (ophth) SOLN</i>	P	

Georgia Medicaid Updated November 1, 2024
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<i>moxifloxacin hcl (ophth) SOLN OP</i>	P	QL(3 ml per fill retail)	VISUDYNE	P	SP; PA
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 gm per 30 day(s) retail)	Ophthalmic Photoenhancers		
<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ml per 30 day(s) retail)	PHOTREXA/PHOTREXA VISCOUS KIT	P	SP; PA
OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	QL(10 ml per 30 day(s) retail)	Ophthalmic Steroids		
<i>ofloxacin (ophth)</i>	P	QL(10 ml per 30 day(s) retail)	BLEPHAMIDE S.O.P. OINT	P	
<i>polymyxin b-trimethoprim</i>	P	QL(10 ml per fill retail)	<i>dexamethasone sodium phosphate (ophth)</i>	P	
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 gm per 30 day(s) retail)	DEXTENZA INST	P	SP; PA
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ml per 30 day(s) retail)	DEXYCU SUSP IO	P	SP; PA
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ml per 30 day(s) retail)	<i>fluorometholone (ophth) SUSP</i>	P	
TOBEX OINT	P		FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NP	
<i>trifluridine</i>	P	QL(8 ml per 30 day(s) retail)	FML OINT	P	QL(4 gm per 30 day(s) retail)
VIGAMOX SOLN OP (<i>Use moxifloxacin hcl (ophth)</i>)	NP	QL(3 ml per fill retail)	ILUVIEN	P	SP; PA
Ophthalmic Decongestants			MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	NP	QL(4 gm per 30 day(s) retail)
<i>naphazoline w/ pheniramine 0.315 %-0.027 %</i>	P	OTC; QL(15 ml per 30 day(s) retail)	MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	NP	QL(10 ml per 30 day(s) retail)
OPCON-A (<i>Use naphazoline w/ pheniramine</i>)	NP	OTC; QL(15 ml per 30 day(s) retail)	<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 gm per 30 day(s) retail)
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	OTC	<i>neomycin-polymy-dexameth SUSP</i>	P	QL(10 ml per 30 day(s) retail)
VISINE RED EYE COMFORT (<i>Use tetrahydrozoline hcl (ophth)</i>)	NP	OTC	<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(15 ml per 30 day(s) retail)
Ophthalmic Gene Therapy			OZURDEX IMPL	P	SP; PA
LUXTURNA	P	SP; PA	PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	NP	
Ophthalmic Local Anesthetics			PRED MILD	P	QL(10 ml per 30 day(s) retail)
<i>tetracaine hcl (ophth)</i>	P		PRED-G SUSP	P	QL(5 ml per fill retail)
Ophthalmic Photodynamic Therapy Agents			<i>prednisolone acetate (ophth)</i>	NP	

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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<i>prednisolone acetate (ophth)</i>	P		<i>dorzolamide hcl</i>	P	QL(10 ml per 30 day(s) retail)
PREDNISOLONE ACETATE P-F	P		DORZOLAMIDE HCL	P	QL(10 ml per 30 day(s) retail)
PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ml per 30 day(s) retail)	<i>flurbiprofen sodium</i>	P	QL(5 ml per 30 day(s) retail)
RETISERT	P	SP; PA	<i>ketorolac tromethamine (ophth) 0.4 %</i>	P	QL(5 ml per 30 day(s) retail)
<i>sulfacetamide sod-prednisolone SOLN</i>	P	QL(10 ml per 30 day(s) retail)	<i>ketorolac tromethamine (ophth) 0.5 %</i>	P	QL(10 ml per fill retail)
TOBRADEX OINT	P	QL(4 gm per 30 day(s) retail)	<i>ketotifen fumarate (ophth) 0.035 %</i>	P	
TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NP	QL(10 ml per fill retail)	TRUSOPT (<i>Use dorzolamide hcl</i>)	NP	QL(10 ml per 30 day(s) retail)
<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ml per fill retail)	ZADITOR 0.035 % (<i>Use ketotifen fumarate (ophth)</i>)	NP	
TRIESENCE	P	SP; PA	Prostaglandins - Ophthalmic		
XIPERE	P	SP; PA	<i>latanoprost SOLN</i>	P	QL(5 ml per 30 day(s) retail)
YUTIQ	P	SP; PA	LATANOPROST SOLN	P	QL(5 ml per 30 day(s) retail)
Ophthalmics - Misc.			XALATAN SOLN (<i>Use latanoprost</i>)	NP	QL(5 ml per 30 day(s) retail)
ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(10 ml per fill retail)	OTIC AGENTS - Drugs to Treat the Ear		
ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	QL(5 ml per 30 day(s) retail)	Otic Agents - Miscellaneous		
ALOCRIAL	P	QL(5 ml per 30 day(s) retail); PA	<i>acetic acid (otic)</i>	P	QL(15 ml per 30 day(s) retail)
ALOMIDE	P	QL(10 ml per 30 day(s) retail); PA	<i>carbamide peroxide (otic) 6.5 %</i>	P	OTC; QL(15 ml per 30 day(s) retail)
<i>azelastine hcl (ophth)</i>	P	QL(6 ml per 30 day(s) retail)	DEBROX 6.5 % (<i>Use carbamide peroxide (otic)</i>)	NP	OTC; QL(15 ml per 30 day(s) retail)
AZOPT (<i>Use brinzolamide</i>)	NP		Otic Anti-infectives		
<i>brinzolamide</i>	P		<i>ofloxacin (otic)</i>	P	QL(10 ml per fill retail)
<i>cromolyn sodium (ophth)</i>	P	QL(10 ml per fill retail)	Otic Combinations		
CYSTADROPS	P	SP; PA	CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	NP	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
CYSTARAN	P	SP; PA			
<i>diclofenac sodium (ophth)</i>	P	QL(3 ml per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	P	SP; PA
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ml per fill retail)	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	P	SP; PA
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(20 ml per 30 day(s) retail)	GAMMAPLEX SOLN	P	SP; PA
Otic Steroids			GAMMAPLEX SOLN 5 GM/50ML	P	PA
<i>DERMOTIC (Use fluocinolone acetonide (otic))</i>	NP	QL(20 ml per fill retail); AL(At least 5 yrs old)	GAMUNEX-C	P	SP; PA
<i>fluocinolone acetonide (otic)</i>	P	QL(20 ml per fill retail); AL(At least 5 yrs old)	HEPAGAM B SOLN IJ	P	SP; PA
<i>hydrocortisone w/acetic acid</i>	P	QL(20 ml per 30 day(s) retail)	HIZENTRA SOLN	P	SP; PA
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding			HIZENTRA SOSY	P	SP; PA
Oxytocics			HYPERHEP B SOLN IM	P	SP; PA
<i>methylergonovine maleate TABS</i>	P		HYPERRHO S/D MINI-DOSE SOSY IM	P	SP; PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			HYPERRHO S/D SOSY IM 1500 UNIT	P	SP
Immune Serums			MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	P	SP; PA
BIVIGAM SOLN 10 %	P	SP; PA	NABI-HB SOLN IM	P	SP; PA
BIVIGAM SOLN 5 GM/50ML	P	PA	OCTAGAM SOLN	P	SP; PA
CUTAQUIG	P	SP; PA	OCTAGAM SOLN 5 GM/50ML	P	PA
CUVITRU SOLN	P	SP; PA	PANZYGA	P	SP; PA
CYTOGAM IV 50 MG/ML	P	SP; PA	PRIVIGEN SOLN 5 GM/50ML	P	PA
FLEBOGAMMA DIF SOLN 5 GM/50ML	P	PA	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML	P	SP; PA
FLEBOGAMMA DIF SOLN	P	SP; PA	RHOGAM ULTRA-FILTERED PLUS SOSY IM	P	SP
GAMASTAN	P	SP; PA	RHOPHYLAC SOSY IJ	P	SP; PA
GAMMAGARD LIQUID	P	SP; PA	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	P	SP; PA
			XEMBIFY	P	SP; PA
			Monoclonal Antibodies		

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

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SYNAGIS SOLN	P	SP; PA
ZINPLAVA	P	SP; PA
Passive Immunizing Agents - Combinations		
HYQVIA	P	SP; PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS</i>	P	
<i>amoxicillin CHEW 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR</i>	P	
AMOXICILLIN SUSR (Use <i>amoxicillin</i>)	NP	
<i>amoxicillin TABS 875 MG</i>	P	
<i>ampicillin CAPS 500 MG</i>	P	
Natural Penicillins		
<i>penicillin v potassium SOLR</i>	P	
<i>penicillin v potassium TABS</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ml per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ml per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	P	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	P	QL(30 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate TB12</i>	P	QL(40 ea per 30 day(s) retail)
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(200 ml per fill retail)
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	P	QL(150 ml per fill retail)
AUGMENTIN TABS 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(30 ea per fill retail)
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	P	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASY MIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
SIMPLYTHICK EASYMIX	P	OTC; QL(1816 gm per fill retail); AL(At least 1 yrs old); PA
Liquid Vehicles		
FLAVOR BLEND SUSP	P	RX/OTC
FLAVOR PLUS LIQD	P	RX/OTC
FLAVOR SWEET-SF SYRP	P	RX/OTC
FLAVOR SWEET SYRP	P	RX/OTC
<i>glycine diluent</i>	P	SP; PA
GRAPE SYRUP SYRP	P	RX/OTC
MX-SOL BLEND SF SUSP	P	RX/OTC
MX-SOL BLEND SUSP	P	RX/OTC
MX-SOL SF SYRP	P	RX/OTC

Georgia Medicaid

Updated November 1, 2024

P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits
MX-SOL SUSPEND SUSP	P	RX/OTC
MX-SOL SYRP	P	RX/OTC
ORA-BLEND SF SUSP	P	RX/OTC
ORA-BLEND SUSP	P	RX/OTC
ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP	P	RX/OTC
ORAL MIX SF SUSP	P	RX/OTC
ORAL SUSPEND LIQD	P	RX/OTC
ORAL SYRUP FLAVORED VEHICLE SYRP	P	RX/OTC
ORAL SYRUP SF SYRP	P	RX/OTC
ORAPENN SD ANHYDROUS SWEETENED LIQD	P	RX/OTC
ORAPENN SD ANHYDROUS UNSWEETENED LIQD	P	RX/OTC
ORA-PLUS LIQD	P	RX/OTC
ORA-SWEET SF SYRP 10 %-9 %	P	RX/OTC
ORA-SWEET SYRP 4 %-5 %-54 %	P	RX/OTC
PCCA SWEET-SF SYRP	P	RX/OTC
PCCA SYRUP VEHICLE SYRP	P	RX/OTC
PCCA-PLUS SUSP	P	RX/OTC
PH 12 STERILE DILUENT FORFLOLAN	P	SP; PA
SOSWEET SYRP	P	RX/OTC
STERILE DILUENT FOR REMODULIN (Use glycine diluent)	NP	SP; PA
SUSPENDIT ANHYDROUS SUSP	P	RX/OTC
SUSPENDRX WITH BITTER-BLOC/SWEETENED SUSP	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SUSPENDRX WITH BITTER-BLOC/UNSWEETENED SUSP	P	RX/OTC
SUSPENSION VEHICLE SUSP	P	RX/OTC
SYRPALTA SYRP 83 %	P	RX/OTC
SYRSPEND SF LIQD	P	RX/OTC
SYRUP VEHICLE SF SYRP	P	RX/OTC
SYRUP VEHICLE SYRP	P	RX/OTC
UNISPEND ANHYDROUS SWEETENED SUSP	P	RX/OTC
UNISPEND ANHYDROUS UNSWEETENED SUSP	P	RX/OTC
VERSAFREE SYRP	P	RX/OTC
VERSAPLUS SYRP	P	RX/OTC
Semi Solid Vehicles		
<i>Ilanolin XX</i>	P	
LANOLIN XX	P	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use norethindrone acetate)	NP	
<i>hydroxyprogesterone caproate OIL</i>	P	QL(2 ml per fill retail; 2 ml per 11 day(s) retail); SP; PA
MAKENA OIL (Use hydroxyprogesterone caproate)	NP	QL(2 ml per fill retail; 2 ml per 11 day(s) retail); SP; PA
MAKENA SOAJ	P	SP; PA
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	P	
<i>norethindrone acetate TABS</i>	P	
<i>progesterone CAPS 100 MG</i>	P	QL(30 ea per 30 day(s) retail)

Georgia Medicaid Updated November 1, 2024
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<i>progesterone CAPS 200 MG</i>	P	QL(20 ea per 30 day(s) retail)
PROMETRIUM CAPS 200 MG (<i>Use progesterone</i>)	NP	QL(20 ea per 30 day(s) retail)
PROMETRIUM CAPS 100 MG (<i>Use progesterone</i>)	NP	QL(30 ea per 30 day(s) retail)
PROVERA (<i>Use medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>disulfiram 250 MG</i>	P	
Anti-Cataleptic Agents		
SODIUM OXYBATE SOLN	P	SP; PA
XYREM SOLN	P	SP; PA
XYWAV	P	SP; PA
Antidementia Agents		
ARICEPT TABS 5 MG, 10 MG (<i>Use donepezil hydrochloride</i>)	NP	QL(1 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>Use rivastigmine</i>)	NP	QL(1 ea daily); PA
<i>galantamine hydrobromide CP24</i>	P	QL(1 ea daily)
<i>galantamine hydrobromide SOLN</i>	P	QL(6 ml daily)
<i>galantamine hydrobromide TABS</i>	P	QL(2 ea daily)
<i>memantine hcl SOLN</i>	P	QL(2 ml daily); PA
<i>memantine hcl TABS</i>	P	1 package(s) per 28 day(s) retail; PA
<i>memantine hcl TABS</i>	P	QL(2 ea daily); PA

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NP	1 package(s) per 28 day(s) retail; PA
NAMENDA TABS (<i>Use memantine hcl</i>)	NP	QL(2 ea daily); PA
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NP	QL(1 ea daily)
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	P	QL(1 ea daily); PA
<i>rivastigmine tartrate CAPS</i>	P	QL(2 ea daily); PA
Combination Psychotherapeutics		
<i>perphenazine-amitriptyline</i>	P	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	P	QL(55 ea per 365 day(s) retail); PA
SAVELLA TABS	P	QL(2 ea daily); PA
Movement Disorder Drug Therapy		
<i>tetrabenazine</i>	P	SP; PA
XENAZINE (<i>Use tetrabenazine</i>)	NP	SP; PA
Multiple Sclerosis Agents		
AMPYRA (<i>Use dalfampridine</i>)	NP	SP; PA
AUBAGIO (<i>Use teriflunomide</i>)	NP	QL(1 ea daily); SP
AVONEX PEN AJKT	P	SP; PA
AVONEX PSKT	P	SP; PA
BAFIERTAM	P	SP; PA
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	NP	SP
<i>dalfampridine</i>	P	SP; PA
<i>dimethyl fumarate CDPK</i>	P	SP
<i>dimethyl fumarate CPDR</i>	P	SP
EXTAVIA KIT	P	SP; PA
<i> fingolimod hcl</i>	P	QL(1 ea daily); SP

Georgia Medicaid

Updated November 1, 2024

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GILENYA 0.5 MG	P	QL(1 ea daily); SP	NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 ea daily)
GILENYA (<i>Use fingolimod hcl</i>)	NP	QL(1 ea daily); SP	<i>nicotine polacrilex GUM</i>	P	QL(24 ea daily)
<i>glatiramer acetate SOSY</i>	P	SP	<i>nicotine polacrilex LOZG</i>	P	QL(20 ea daily)
KESIMPTA	P	SP; PA	NICOTINE TRANSDERMAL SYSTEM KIT	P	
PLEGRIDY STARTER PACK SOAJ SC	P	SP; PA	<i>nicotine MISC XX</i>	P	QL(1 ea daily)
PLEGRIDY STARTER PACK SOSY SC	P	SP; PA	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 ea daily)
PLEGRIDY SOAJ SC 125 MCG/0.5ML	P	SP; PA	NICOTROL INHALER INHA	P	QL(16.8 ea daily)
PLEGRIDY SOSY IM	P	SP; PA	NICOTROL NS SOLN	P	QL(4 ml daily)
REBIF REBIDOSE TITRATIONPACK SOAJ	P	SP; PA	<i>varenicline tartrate TABS</i>	P	QL(2 ea daily); AL(At least 18 yrs old)
REBIF REBIDOSE SOAJ	P	SP; PA	<i>varenicline tartrate TBPK</i>	P	QL(53 ea per fill retail); AL(At least 18 yrs old)
REBIF TITRATION PACK SOSY	P	SP; PA	Transthyretin Amyloidosis Agents		
REBIF SOSY	P	SP; PA	ONPATTRO	P	SP; PA
TECFIDERA STARTER PACK CDPK (<i>Use dimethyl fumarate</i>)	NP	SP	TEGSEDI	P	SP; PA
TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	NP	SP	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
<i>teriflunomide</i>	P	QL(1 ea daily); SP	Alpha-Proteinase Inhibitor (Human)		
Smoking Deterrents			ARALAST NP SOLR 500 MG, 1000 MG	P	SP; PA
APO-VARENICLINE TABS	P	QL(2 ea daily); AL(At least 18 yrs old)	GLASSIA SOLN	P	SP; PA
<i>bupropion hcl (smoking deterrent)</i>	P	QL(2 ea daily); AL(At least 18 yrs old)	PROLASTIN-C SOLN	P	SP; PA
NICODERM CQ PT24 TD (<i>Use nicotine</i>)	NP	QL(1 ea daily)	ZEMAIRA SOLR 1000 MG	P	SP; PA
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NP	QL(20 ea daily)	ZEMAIRA SOLR 4000 MG	P	PA
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 ea daily)	Cystic Fibrosis Agents		
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NP	QL(24 ea daily)	BRONCHITOL	P	SP; PA
			BRONCHITOL TOLERANCE TEST	P	SP; PA
			KALYDECO PACK 13.4 MG, 25 MG, 50 MG, 75 MG	P	SP; PA

Georgia Medicaid Updated November 1, 2024
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KALYDECO PACK 5.8 MG	P	SP
KALYDECO TABS	P	SP; PA
ORKAMBI PACK	P	SP; PA
ORKAMBI TABS	P	SP; PA
PULMOZYME	P	SP; PA
SYMDEKO	P	SP; PA
TRIKAFTA TBPK	P	QL(3 ea daily); SP; PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS (Use <i>pirfenidone</i>)	NP	SP; PA
ESBRIET TABS (Use <i>pirfenidone</i>)	NP	SP; PA
OFEV	P	SP; PA
<i>pirfenidone</i> CAPS	P	SP; PA
<i>pirfenidone</i> TABS	P	SP; PA
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ACTICLATE TABS (Use <i>doxycycline hyclate</i>)	NF	
<i>doxycycline (monohydrate)</i> CAPS 50 MG, 100 MG	P	
<i>doxycycline (monohydrate)</i> TABS 50 MG, 100 MG	P	
<i>doxycycline hyclate</i> CAPS	P	
<i>doxycycline hyclate</i> TABS 100 MG	P	
<i>minocycline hcl</i> CAPS	P	
<i>tetracycline hcl</i> CAPS 500 MG	P	
VIBRAMYCIN CAPS (Use <i>doxycycline hyclate</i>)	NP	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		

Drug Name	Drug Tier	Requirements/Limits
<i>methimazole</i> TABS	P	
<i>propylthiouracil</i>	P	
Thyroid Hormones		
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
ARMOUR THYROID TABS	P	
CYTOMEL TABS (Use <i>liothyronine sodium</i>)	NP	
<i>levothyroxine sodium</i> TABS	P	
<i>liothyronine sodium</i> TABS	P	
NIVA THYROID TABS	P	
NP THYROID 120 TABS	P	
NP THYROID 15 TABS	P	
NP THYROID 30 TABS	P	
NP THYROID 60 TABS	P	
NP THYROID 90 TABS	P	
SYNTHROID TABS (Use <i>levothyroxine sodium</i>)	P	
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	
BOOSTRIX SUSP	P	
BOOSTRIX SUSY	P	
DAPTACEL	P	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	

Georgia Medicaid Updated November 1, 2024
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QUADRACEL SUSY	P		LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NP	QL(4 ea daily)
TDVAX SUSP	P		LEVSIN SOLN IJ 0.5 MG/ML (<i>Use hyoscyamine sulfate</i>)	NP	
TENIVAC INJ	P		ROBINUL FORTE TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 ea daily)
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	P		ROBINUL TABS (<i>Use glycopyrrolate</i>)	NP	QL(4 ea daily)
VAXELIS SUSP	P		H-2 Antagonists		
VAXELIS SUSY	P		<i>cimetidine hcl OR 300 MG/5ML</i>	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			<i>cimetidine TABS</i>	P	RX/OTC
Antispasmodics			<i>famotidine SUSR</i>	P	
<i>dicyclomine hcl CAPS</i>	P		<i>famotidine TABS 20 MG, 40 MG</i>	P	RX/OTC
<i>dicyclomine hcl SOLN OR</i>	P	QL(496 ml per 30 day(s) retail)	<i>famotidine TABS 10 MG</i>	P	OTC
<i>dicyclomine hcl TABS</i>	P		PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	NP	RX/OTC
<i>glycopyrrolate TABS 1 MG, 2 MG</i>	P	QL(4 ea daily)	PEPCID AC TABS 10 MG (<i>Use famotidine</i>)	NP	OTC
<i>hyoscyamine sulfate ELIX</i>	P		PEPCID AC TABS 20 MG (<i>Use famotidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate ELIX</i>	NP		PEPCID TABS (<i>Use famotidine</i>)	NP	RX/OTC
HYOSCYAMINE SULFATE POWD	P		TAGAMET HB 200 TABS (<i>Use cimetidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	NP		TAGAMET HB TABS (<i>Use cimetidine</i>)	NP	RX/OTC
<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	P		Misc. Anti-Ulcer		
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	NP		CARAFATE SUSP (<i>Use sucralfate</i>)	NP	QL(420 ml per fill retail)
<i>hyoscyamine sulfate SUBL 0.125 MG</i>	P		CARAFATE TABS (<i>Use sucralfate</i>)	NP	
<i>hyoscyamine sulfate TABS 0.125 MG</i>	P		<i>sucralfate SUSP</i>	P	QL(420 ml per fill retail)
<i>hyoscyamine sulfate TB12 0.375 MG</i>	P	QL(4 ea daily)	<i>sucralfate TABS</i>	P	
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	NP		Proton Pump Inhibitors		
<i>hyoscyamine sulfate TBDP 0.125 MG</i>	P		DEXILANT (<i>Use dexlansoprazole</i>)	NP	ST

Drug Name	Drug Tier	Requirements/Limits
<i>dexlansoprazole</i>	P	ST
<i>esomeprazole magnesium CPDR 20 MG</i>	P	QL(2 ea daily); RX/OTC
<i>lansoprazole CPDR 30 MG</i>	P	
<i>lansoprazole CPDR 15 MG</i>	P	QL(4 ea daily); RX/OTC
NEXIUM 24HR CLEAR MINIS CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use <i>esomeprazole magnesium</i>)	NP	QL(2 ea daily); RX/OTC
OMEPRAZOLE 20MG TABLET	P	QL (1 ea daily); OTC
<i>omeprazole magnesium TBEC</i>	P	OTC; QL(1 ea daily)
<i>omeprazole CPDR</i>	P	QL(2 ea daily)
<i>pantoprazole sodium TBEC 20 MG</i>	P	QL(1 ea daily)
<i>pantoprazole sodium TBEC 40 MG</i>	P	QL(2 ea daily)
PREVACID 24HR CPDR (Use <i>lansoprazole</i>)	NP	QL(4 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>lansoprazole</i>)	NP	
PRILOSEC OTC TBEC (Use <i>omeprazole magnesium</i>)	NP	OTC; QL(1 ea daily)
PROTONIX TBEC 20 MG (Use <i>pantoprazole sodium</i>)	NP	QL(1 ea daily)
PROTONIX TBEC 40 MG (Use <i>pantoprazole sodium</i>)	NP	QL(2 ea daily)
VOQUEZNA	NP	
Ulcer Drugs - Prostaglandins		

Drug Name	Drug Tier	Requirements/Limits
CYTOTEC (Use <i>misoprostol</i>)	NP	
<i>misoprostol</i>	P	
Ulcer Therapy Combinations		
<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	P	14 day(s) max supply per 365 day(s) retail
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL LA CP24 (Use <i>tolterodine tartrate</i>)	NP	QL(1 ea daily)
DETROL TABS (Use <i>tolterodine tartrate</i>)	NP	QL(2 ea daily)
DITROPAN XL TB24 5 MG, 10 MG (Use <i>oxybutynin chloride</i>)	NP	QL(2 ea daily)
<i>oxybutynin chloride TABS</i>	P	QL(3 ea daily)
<i>oxybutynin chloride TB24</i>	P	QL(2 ea daily)
<i>tolterodine tartrate CP24</i>	P	QL(1 ea daily)
<i>tolterodine tartrate TABS</i>	P	QL(2 ea daily)
<i>tropium chloride TABS</i>	P	QL(2 ea daily)
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride</i>	P	
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl</i>	P	
VACCINES		
Bacterial Vaccines		
ACTHIB SOLR IM	P	
BCG VACCINE	P	
BEXSERO	P	
BIOTHRAX	P	
HIBERIX SOLR IJ	P	
MENACTRA	P	
MENQUADFI	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENVEO SOLN	P		ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail
MENVEO SOLR	P		ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail
PEDVAX HIB SUSP	P		FLUAD 2024-2025	P	
PENBRAYA	P		FLUARIX 2024-2025 SUSY	P	
PNEUMOVAX 23 IJ 25 MCG/0.5ML	P		FLUBLOK 2024-2025 SOSY	P	
PNEUMOVAX 23/1 DOSE IJ 25 MCG/0.5ML	P		FLUCELVAX 2024-2025 SUSP	P	
PREVNAR 13	P		FLUCELVAX 2024-2025 SUSY	P	
PREVNAR 20	P		FLULAVAL 2024-2025 SUSY	P	
TRUMENBA	P		FLUMIST NASAL VACCINE 2024-2025	P	
TYPHIM VI SOLN	P		FLUZONE 2024-2025 SUSP	P	
TYPHIM VI SOSY	P		FLUZONE 2024-2025 SUSY	P	
VAXCHORA	P		FLUZONE HIGH-DOSE 2024-2025 SUSY	P	
VAXNEUVANCE	P		GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
VIVOTIF	P		GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
Viral Vaccines			HAVRIX	P	
ABRYSVO	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)	HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
ACAM2000	P		IMOVAX RABIES (H.D.C.V.) SUSR	P	
AFLURIA 2024-2025 SUSP	P		IPOX INACTIVATED IPV	P	
AFLURIA 2024-2025 SUSY	P		IXIARO	P	
AREXVY	P	1 max fill(s) per 999 day(s) retail; AL(At least 60 yrs old)	JANSSEN COVID-19 VACCINE	P	
COMIRNATY 2023-24 SUSP	P		JYNNEOS	P	
COMIRNATY 2023-24 SUSY	P				
COMIRNATY 2024-25 SUSY	P				
COMIRNATY SUSP	P				
DENGVAXIA	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
M-M-R II SOLR	P		PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	P	
MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	P	
MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M O-5Y	P	
MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6 M-4Y	P	
MODERNA COVID-19 VACCINE/BIVALENT/BA. 4/BA.5	P		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/B A.4/BA.5	P	
MODERNA COVID-19 VACCINE6MO-5Y SUSP	P		PFIZER-BIONTECH COVID-19VACCINE SUSP	P	
MODERNA COVID-19 VACCINE SUSP	P		PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	P		PRIORIX SUSR	P	
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	P		PROQUAD SUSR	P	
NOVAVAX COVID-19 VACCINE SUSP	P		RABAVERT	P	
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2024-25 SUSP	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	P		ROTARIX SUSP	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	P		ROTARIX SUSR	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2024-25 SUSP	P		ROTATEQ SOLN	P	
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
			SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	P	
			SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	P	
			SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	P	

Drug Name	Drug Tier	Requirements/Limits
SPIKEVAX COVID-19 VACCINE SUSP	P	
STAMARIL SUSR	P	
TICOVAC	P	
TWINRIX SUSY	P	
VAQTA	P	
VARIVAX SUSR IJ 1350 PFU/0.5ML	P	2 max fill(s) per 999 day(s) retail
YF-VAX INJ	P	
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		
CLEOCIN CREA (Use clindamycin phosphate vaginal)	NP	
clindamycin phosphate vaginal CREA	P	
clotrimazole vaginal CREA 2 %	P	OTC; QL(31 gm per 30 day(s) retail)
clotrimazole vaginal CREA 1 %	P	OTC; QL(45 gm per 30 day(s) retail)
GYNAZOLE-1	P	
metronidazole vaginal	P	QL(70 gm per fill retail)
miconazole nitrate vaginal CREA	P	OTC; QL(45 gm per 30 day(s) retail)
miconazole nitrate vaginal KIT	P	
miconazole nitrate vaginal SUPP 100 MG	P	OTC; QL(7 ea per 30 day(s) retail)
miconazole nitrate vaginal SUPP 200 MG	P	QL(3 ea per 30 day(s) retail)
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal)	NP	
MONISTAT 3 CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 gm per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NP	OTC; QL(45 gm per 30 day(s) retail)
terconazole vaginal CREA	P	
terconazole vaginal SUPP	P	
tioconazole vaginal 6.5 %	P	OTC
VANDAZOLE	P	QL(70 gm per fill retail)
Vaginal Anti-inflammatory Agents		
hydrocortisone vaginal	P	QL(454 gm per fill retail)
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (Use hydrocortisone vaginal)	NP	QL(454 gm per fill retail)
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NP	QL(43 gm per 30 day(s) retail)
estradiol vaginal CREA	P	QL(43 gm per 30 day(s) retail)
estradiol vaginal TABS	P	
PREMARIN	P	QL(43 gm per fill retail)
VAGIFEM TABS (Use estradiol vaginal)	NP	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.3 MG/0.3ML	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail
AUVI-Q SOAJ 0.15 MG/0.15ML	NP	
epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	P	QL(2 ea per fill retail); 4 ea per 365 day(s) retail)

Georgia Medicaid Updated November 1, 2024
P-Preferred drug, NP-Non-Preferred drug, QL-Quantity limit, RX/OTC-both Rx and OTC NDCs

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail	<i>ergocalciferol CAPS</i>	P	
<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP		<i>ergocalciferol SOLN OR</i>	P	
EPIPEN 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail	KEY-E CHEW	P	QL(2 ea daily)
EPIPEN-JR 2-PAK SOAJ (Use <i>epinephrine (anaphylaxis)</i>)	NP	QL(2 ea per fill retail); 4 max fill(s) per 365 day(s) retail	MEPHYTON TABS (Use <i>phytonadione</i>)	NP	
Neurogenic Orthostatic Hypotension (NOH) - Agents			<i>phytonadione TABS 5 MG</i>	P	
<i>droxidopa</i>	P	SP; PA	VITAMIN D3 LIQD OR 5000 UNIT/ML	P	Age limit = 6 months to 1 year
NORTHERA (Use <i>droxidopa</i>)	NP	SP; PA	<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT</i>	P	QL(2 ea daily)
Vasopressors			<i>vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT</i>	P	OTC; QL(2 ea daily)
<i>midodrine hcl</i>	P		VITAMIN E CAPS 200 UNIT	P	OTC; QL(2 ea daily)
VITAMINS			VITAMIN E CHEW	P	OTC; QL(2 ea daily)
Oil Soluble Vitamins			Water Soluble Vitamins		
BABY DDROPS LIQD OR (Use <i>cholecalciferol</i>)	NP	Age limit = less than 6 months	<i>ascorbic acid TABS</i>	P	OTC; QL(100 ea per 30 day(s) retail)
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	P	OTC; QL(2 ea daily)	NIACIN TR CPCR	P	OTC
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	P	OTC; QL(8 ea per 30 day(s) retail)	NIACIN TR TBCR	P	OTC
<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	P	OTC; QL(100 ea per fill retail)	<i>niacin CPCR 250 MG, 500 MG</i>	P	OTC
<i>cholecalciferol LIQD OR 400 UT/0.028ML</i>	P	Age limit = less than 6 months	<i>niacin TABS 500 MG</i>	P	OTC
<i>cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML</i>	P		<i>niacin TBCR</i>	P	OTC
DRISDOL CAPS (Use <i>ergocalciferol</i>)	NP		<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	P	OTC
D-VI-SOL LIQD OR (Use <i>cholecalciferol</i>)	NP		<i>riboflavin TABS</i>	P	OTC; QL(100 ea per 30 day(s) retail)
			SLO-NIACIN TBCR (Use <i>niacin</i>)	NP	OTC
			<i>thiamine hcl TABS</i>	P	OTC; QL(100 ea per 30 day(s) retail)
			<i>thiamine mononitrate TABS 100 MG</i>	P	OTC; QL(100 ea per 30 day(s) retail)

INDEX

abacavir sulfate SOLN	38	ACETAMINOPHEN SUPP 650 MG .5	5	ACULAR (Use ketorolac tromethamine (ophth))	90
abacavir sulfate TABS	38	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML	5	ACULAR LS (Use ketorolac tromethamine (ophth))	90
abacavir sulfate-lamivudine	38	acetaminophen TABS 325 MG, 500 MG	6	acyclovir CAPS	41
ABECMA	32	acetaminophen w/ codeine SOLN ..	7	acyclovir SUSP	41
ABILIFY MAINTENA PRSY	38	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG	7	acyclovir TABS OR 400 MG	41
ABILIFY MAINTENA SRER	38	acetaminophen w/ codeine TABS 60 MG-300 MG	7	acyclovir TABS OR 800 MG	41
ABILIFY TABS (Use aripiprazole) .	38	acetaminophen w/ codeine TABS 60 MG-300 MG	7	acyclovir topical CREA	52
abiraterone acetate	32	acetazolamide CP12	59	acyclovir topical OINT	52
ABRAXANE	35	acetazolamide TABS	59	ADACEL SUSP	96
ABRYSVO	99	acetic acid (otic)	90	ADALIMUMAB-AATY 1-PEN KIT AJKT	3
ABSORICA 10 MG, 20 MG, 30 MG, 40 MG (Use isotretinoin)	49	acetylcysteine SOLN	49	ADALIMUMAB-AATY 2-PEN KIT AJKT	3
ACAM2000	99	ACNE MEDICATION 10 LOTN ...	49	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT	3
ACCU-CHEK GUIDE TEST STRIPS STRP	57	ACNE MEDICATION 5 LOTN ...	49	ADALIMUMAB-ADAZ SOAJ	3
ACCUPRIL (Use quinapril hcl)	25	ACTEMRA ACTPEN SOAJ	4	ADALIMUMAB-ADAZ SOSY	3
ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide)	26	ACTEMRA SOLN	4	ADALIMUMAB-ADAZ SOSY	3
ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide)	26	ACTEMRA SOSY	4	ADALIMUMAB-ADBM AJKT	3
ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide)	26	ACTHIB SOLR IM	98	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT .	3
ACE AEROSOL CLOUD ENHANCER MISC	73	ACTICLATE TABS (Use doxycycline hyclate)	96	ADALIMUMAB-ADBM PSKT 40 MG/0.8ML	3
acebutolol hcl CAPS	42	ACTIMMUNE 100 MCG/0.5ML ...	35	ADALIMUMAB-ADBM PSKT	3
acetaminophen CHEW	5	ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate)	62	ADALIMUMAB-ADBM PSORIASIS/UEVITIS STARTER AJKT	3
acetaminophen ELIX	5	ACTIVITY POUCH MISC	73	ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3
acetaminophen LIQD 160 MG/5ML .5	5	ACTONEL TABS 35 MG (Use risedronate sodium)	59	ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UEVITIS AJKT	3
acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	5	ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	18		
acetaminophen SUPP 120 MG, 650 MG	5	ACTOS (Use pioglitazone hcl) ...	21		

ADALIMUMAB-FKJP AJKT	3	AEROECLIPSE EZ TWIST TUBING	ALECENSA	33
ADALIMUMAB-FKJP PSKT	3	MISC	alendronate sodium SOLN	60
ADAPTER PED DISPOSABLE		AEROECLIPSE MASK LARGE MISC	alendronate sodium TABS 35 MG, 70	
MOUTHPIECE MISC	73	.....	MG	60
ADBRY SOSY	54	AEROECLIPSE MASK MEDIUM	alendronate sodium TABS 5 MG, 10	
ADCETRIS	31	MISC	MG	60
ADCIRCA TABS (Use tadalafil		AEROECLIPSE MASK SMALL MISC	ALEVE ARTHRITIS TABS (Use	
(pulmonary hypertension))	44	.....	naproxen sodium)	4
ADDERALL TABS (Use		AEROTRACH PLUS MISC	ALEVE TABS (Use naproxen	
amphetamine-dextroamphetamine) .	1		sodium)	4
ADDERALL XR CP24 (Use		AFINITOR DISPERZ TBSO (Use	ALFERON N	35
amphetamine-dextroamphetamine) .	1	everolimus)	ALIMTA SOLR (Use pemetrexed	
ADEMPAS	44	AFINITOR TABS (Use everolimus)	disodium)	30
ADMELOG SOLN IJ	20	33	ALIQOPA	33
ADMELOG SOLOSTAR SOPN ...	20	AFLURIA 2024-2025 SUSP	ALKERAN (Use melphalan)	30
ADRENALIN 0.1 % (Use epinephrine		AFLURIA 2024-2025 SUSY	ALKERAN IV (Use melphalan hcl) .	30
hcl (nasal))	86	99	ALL FLOW 1000 PULMONARY	
ADTHYZA TABS 15 MG, 30 MG, 60		AFSTYLA	FUNCTION FILTER MISC	73
MG, 90 MG, 120 MG	96	65	ALLEGRA ALLERGY TABS 180 MG	
ADULT AEROSOL MASK MISC ...	73	AIRS PEDIATRIC AEROSOL MASK	(Use fexofenadine hcl)	23
ADULT DISPOSABLE		MISC	ALLEGRA ALLERGY TABS 60 MG	
MOUTHPIECE MISC	73	73	(Use fexofenadine hcl)	23
ADULT MASK LARGE MISC	73	AIRZONE PEAK FLOW METER ..	allopurinol 100 MG, 300 MG	65
ADVAIR DISKUS AEPB (Use		73	ALOCRIAL	90
fluticasone-salmeterol)	11	albuterol sulfate AERS	alogliptin benzoate	20
ADVATE	65	11	alogliptin-metformin hcl	18
ADVIL COLD & SINUS TABS (Use		albuterol sulfate NEBU 0.083 % ...	alogliptin-pioglitazone 15 MG-25 MG,	
pseudoephedrine-ibuprofen)	47	11	30 MG-12.5 MG, 30 MG-25 MG, 45	
ADVIL TABS (Use ibuprofen)	4	albuterol sulfate NEBU 0.5 %, 2.5	MG-25 MG	18
ADVIN COVID-19 ANTIGEN HOME		MG/0.5ML	ALOMIDE	90
TEST KIT	57	11	ALORA PTTW 0.025 MG/24HR,	
ADVOCATE INSULIN PEN		albuterol sulfate NEBU 0.63	0.075 MG/24HR, 0.1 MG/24HR ...	62
NEEDLE/32GX4MM	71	MG/3ML, 1.25 MG/3ML	ALPHANATE SOLR	65
ADYNOVATE	65	11	ALPHANINE SD 500 UNIT, 1000	
		albuterol sulfate SYRP		
		11		
		albuterol sulfate TABS		
		11		
		ALCOHOL PREP PADS-MISC ...		
		71		
		ALDACTAZIDE (Use spironolactone		
		& hydrochlorothiazide)		
		59		
		ALDACTONE TABS (Use		
		spironolactone)		
		59		
		ALDURAZYME		
		61		

UNIT, 1500 UNIT	65	amiloride hcl TABS	59	amoxicillin & pot clavulanate TABS 125 MG-875 MG	92
alprazolam TABS	10	aminocaproic acid SOLN IV 250 MG/ML	67	amoxicillin & pot clavulanate TB12	92
ALPROLIX	65	aminocaproic acid SOLN OR 0.25 GM/ML	67	amoxicillin CAPS	92
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	25	aminocaproic acid TABS 1000 MG 67		amoxicillin CHEW 125 MG, 250 MG .	92
ALTRIXA TABS	82	aminocaproic acid TABS 500 MG .	67	AMOXICILLIN SUSR (Use amoxicillin)	92
alum & mag hydrox-simethicone LIQD	9	amiodarone hcl TABS 200 MG	10	amoxicillin SUSR	92
alum & mag hydrox-simethicone SUSP 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 200 MG/5ML-200 MG/5ML-20 MG/5ML-20 MG/5ML-200 MG/5ML- 200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	9	amitriptyline hcl TABS	18	amoxicillin TABS 875 MG	92
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	9	AMLADEX TABS	82	amoxicillin-clarithromycin w/ lansoprazole THPK	98
ALUNBRIG TABS	33	amlodipine besylate TABS	42	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	1
ALUNBRIG TBPK	33	amlodipine besylate-benazepril hcl 26		amphetamine-dextroamphetamine TABs	1
amantadine hcl CAPS	36	amlodipine besylate-olmesartan medoxomil	26	ampicillin CAPS 500 MG	92
amantadine hcl SOLN	36	amlodipine besylate-valsartan	26	AMPYRA (Use dalfampridine)	94
AMARYL 1 MG, 2 MG (Use glimepiride)	21	amlodipine-valsartan- hydrochlorothiazide	26	ANAFRANIL 75 MG (Use clomipramine hcl)	18
AMARYL 4 MG (Use glimepiride) .	21	AMNIOTIC MEMBRANE		ANALPRAM-HC LOTN EX	8
AMBIEN TABS (Use zolpidem tartrate)	68	ALLOGRAFT (HUMAN) SHEET .	56	ANAPROX DS TABS (Use naproxen sodium)	4
ambrisentan	44	AMONDYS 45	86	anastrozole	32
AMICAR SOLN OR (Use aminocaproic acid)	67	amoxapine	18	ANDEXXA 200 MG	22
AMICAR TABS 1000 MG (Use aminocaproic acid)	67	amoxicillin & pot clavulanate CHEW .	92	ANTIVERT CHEW (Use meclizine hcl)	22
AMICAR TABS 500 MG (Use aminocaproic acid)	67	amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML	92	ANUSOL-HC EX (Use hydrocortisone (rectal))	9
amiloride & hydrochlorothiazide ...	59	amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML	92	APLIGRAF DISK	56
		amoxicillin & pot clavulanate SUSR 62.5 MG/5ML-250 MG/5ML	92		
		amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG 92			

APOKYN SOCT	36	sodium)	12	sodium)	60
apomorphine hydrochloride SOCT	36	ARMOUR THYROID TABS	96	atenolol & chlorthalidone	26
APO-VARENICLINE TABS	95	ARNUITY ELLIPTA	11	atenolol TABS	42
apraclonidine hcl	88	AROMASIN (Use exemestane) ...	32	ATGAM IV 50 MG/ML	80
APRISO CP24 (Use mesalamine) .	63	arsenic trioxide	35	ATIVAN TABS (Use lorazepam) ...	10
APTIVUS CAPS	38	ARZERRA	31	atomoxetine hcl	1
AQINJECT PEN NEEDLE/31G X		ASACOL HD TBEC (Use		atorvastatin calcium TABS	25
3/16"	71	mesalamine)	63	atropine sulfate (ophthalmic) OINT	88
AQINJECT PEN NEEDLE/32G X		ascorbic acid TABS	102	atropine sulfate (ophthalmic) SOLN	88
5/32"	71	ASMANEX HFA AERO	11		
AQUORAL SOLN	81	ASPARLAS	35	ATROPINE SULFATE SOLN 1 %	
ARALAST NP SOLR 500 MG, 1000		aspirin buffered (cal carb-mag carb-		(Use atropine sulfate (ophthalmic))	88
MG	95	mag oxide)	6	ATROPINE SULFATE SOLN 1 % .88	
ARANESP ALBUMIN FREE SOLN		aspirin CHEW	6	ATROVENT HFA	10
25 MCG/ML, 40 MCG/ML, 60		ASPIRIN SUPP 300 MG	6	AUBAGIO (Use teriflunomide)	94
MCG/ML, 100 MCG/ML, 200		aspirin TABS 325 MG	6	AUGMENTIN ES-600 SUSR (Use	
MCG/ML	66	aspirin TBEC 81 MG, 325 MG	6	amoxicillin & pot clavulanate)	92
ARANESP ALBUMIN FREE SOSY		ASSESS PEAK FLOW METER FULL		AUGMENTIN SUSR 31.25 MG/5ML-	
66		RANGE	73	125 MG/5ML	92
ARAVA (Use leflunomide)	5	ASSESS PEAK FLOW METER LOW		AUGMENTIN TABS 125 MG-500 MG	
ARCALYST	4	RANGE	73	(Use amoxicillin & pot clavulanate)	92
ARESTIN	81	ASSURE ID DUO PRO SAFETY PEN		AUM INSULIN SAFETY PEN	
AREXVY	99	NEEDLES 31G X 5MM	71	NEEDLE/31GX5MM	71
ARICEPT TABS 5 MG, 10 MG (Use		ASSURE ID PRO SAFETY		AUM PEN NEEDLE/32GX4MM ...	72
donepezil hydrochloride)	94	PENNEEDLES 30G X 5MM	71	AUM PEN NEEDLE/32GX6MM ...	72
ARIKAYCE	2	ATACAND (Use candesartan		AUVI-Q SOAJ 0.15 MG/0.15ML ..	101
ARIMIDEX (Use anastrozole)	32	cilexetil)	26	AUVI-Q SOAJ 0.3 MG/0.3ML	101
aripiprazole SOLN OR	38	ATACAND HCT (Use candesartan		AVALIDE (Use irbesartan-	
aripiprazole TABS	38	cilexetil-hydrochlorothiazide)	26	hydrochlorothiazide)	26
aripiprazole TBDP	38	atazanavir sulfate CAPS 150 MG,		AVAPRO (Use irbesartan)	26
ARISTADA	38	200 MG	38	AVEED SOLN	8
ARISTADA INITIO	38	atazanavir sulfate CAPS 300 MG .	38	AVONEX PEN AJKT	94
ARIXTRA (Use fondaparinux		ATELVIA TBEC (Use risedronate			

AVONEX PSKT	94	BABY DDROPS LIQD OR (Use cholecalciferol)	102	diphenhydramine hcl)	23
AVSOLA	63	BACIGUENT	88	BENADRYL ALLERGY CHILDRENS LIQD (Use diphenhydramine hcl) ..	23
AYGESTIN TABS (Use norethindrone acetate)	93	bacitracin (ophthalmic)	88	BENADRYL ALLERGY EXTRA STRENGTH TABS	23
AYVAKIT	33	bacitracin (topical) OINT	50	BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	23
azacitidine SUSR	30	bacitracin zinc OINT	50	BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) ..	23
azathioprine TABS 50 MG	80	bacitracin-polymyxin b (ophth)	88	benazepril & hydrochlorothiazide ..	26
azathioprine TABS 75 MG, 100 MG 80		baclofen SOLN IT 40 MG/20ML, 500 MCG/ML, 20000 MCG/20ML, 40000 MCG/20ML	85	benazepril hcl 40 MG	25
AZEDRA DOSIMETRIC	35	baclofen TABS 10 MG, 20 MG	85	benazepril hcl 5 MG, 10 MG, 20 MG .	25
AZEDRA THERAPEUTIC	35	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ...	28	bendamustine hcl SOLR	30
azelastine hcl (ophth)	90	BACTRIM TABS (Use sulfamethoxazole-trimethoprim) ...	28	BENDAMUSTINE HYDROCHLORIDE SOLN	30
azelastine hcl 0.1 %, 137 MCG/SPRAY	85	BAFIERTAM	94	BENDEKA SOLN	30
azelastine hcl 0.15 %, 205.5 MCG/SPRAY	85	balsalazide disodium CAPS	63	BENEFIX KIT	65
azithromycin PACK	69	BALVERSA	33	BENICAR (Use olmesartan medoxomil)	26
azithromycin SUSR 100 MG/5ML ..	69	BANZEL SUSP (Use rufinamide) ..	13	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...	26
azithromycin SUSR 200 MG/5ML ..	69	BANZEL TABS (Use rufinamide) ..	13	BENLYSTA SOAJ	81
azithromycin TABS 250 MG	69	BAVENCIO	31	BENLYSTA SOLR	81
azithromycin TABS 500 MG	69	BCG VACCINE	98	BENLYSTA SOSY	81
azithromycin TABS 600 MG	69	b-complex vitamins CAPS	82	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	50
AZO URINARY PAIN RELIEF MAXIMUM STRENGTH TABS (Use phenazopyridine hcl)	64	b-complex vitamins TABS	82	BENZNIDAZOLE	9
AZOPT (Use brinzolamide)	90	b-complex w/ c & folic acid CAPS ..	82	benzonatate 100 MG	47
AZOR (Use amlodipine besylate- olmesartan medoxomil)	26	b-complex w/ c & folic acid TABS ..	82	benzonatate 200 MG	47
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	63	BD GLUCOSE CHEW	18	benzoyl peroxide BAR	50
AZULFIDINE TABS (Use sulfasalazine)	63	BD PEN NEEDLES	72	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	50
b complex w/ c CAPS	82	BELBUCA FILM	8		
		BELEODAQ	33		
		BELRAPZO SOLN	30		
		BENADRYL ALLERGY CAPS (Use			

benzoyl peroxide LIQD 4 %, 5 %, 10 %	50	BINAXNOW COVID-19 AG CARD HOME TEST KIT	57	BPROTECTED PEDIA POLY-VITE SOLN OR	84
benztropine mesylate TABS	36	BIOLYTE SOLN	78	BPROTECTED PEDIA POLY-VITE/IRON SOLN	84
BEOVU SOLN	88	BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	70	BRAFTOVI 75 MG	33
BERINERT KIT	65	BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ...	81	BREATHE EASE NEBULIZER MASK/CHILD MISC	73
BESPONSA	31	BIOTHRAX	98	BREATHE EASE NEBULIZER MASK/INFANT MISC	73
BESREMI	35	bisacodyl SUPP	69	BREATHE EASE PEAK FLOW METER	73
betaine	61	bisacodyl TBEC	69	BREYANZI	32
betamethasone dipropionate (topical) CREA	52	bismuth subsalicylate CHEW 262 MG	21	BRIDION SOLN	22
betamethasone dipropionate augmented CREA	52	bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	21	BRILINTA	66
betamethasone valerate CREA	52	bisoprolol & hydrochlorothiazide ..	27	brimonidine tartrate 0.2 %	88
betamethasone valerate LOTN	52	bisoprolol fumarate	42	BRINEURA	61
betamethasone valerate OINT	53	BIVIGAM SOLN 10 %	91	brinzolamide	90
BETAPACE AF (Use sotalol hcl (afib/af))	42	BIVIGAM SOLN 5 GM/50ML	91	BRIVIACT SOLN IV 50 MG/5ML ..	13
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	42	BLENREP	31	bromocriptine mesylate CAPS	36
betaxolol hcl (ophth) SOLN	87	BLEPHAMIDE S.O.P. OINT	89	bromocriptine mesylate TABS 2.5 MG	36
bethanechol chloride	98	BLINCYTO	31	brompheniramine & phenyleph ELIX .	47
BETHKIS NEBU (Use tobramycin) .	2	BLOOD GLUCOSE TEST STRIPS333 STRP	57	brompheniramine & pseudoeph ELIX	47
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	88	BLULINK GLUCOSE TEST STRIPS STRP	57	brompheniramine & pseudoeph LIQD 15 MG/5ML-1 MG/5ML	47
BEVACIZUMAB IZ 2.75 MG/0.11ML .	88	BOOSTRIX SUSP	96	BRONCHITOL	95
bexarotene (topical)	51	BOOSTRIX SUSY	96	BRONCHITOL TOLERANCE TEST .	95
bexarotene	35	BORTEZOMIB SOLR IJ 1 MG, 2.5 MG	33	BRUKINSA	33
BEXSERO	98	bortezomib SOLR IJ	33	BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	73
bicalutamide	32	bosentan TABS	44	budesonide (inhalation) SUSP	11
BIKTARVY	38	BOSULIF TABS	33		
BI-MIX SOLR	43				

budesonide-formoterol fumarate dihydrate	12	bupropion hcl TB12 200 MG	15	(Use verapamil hcl)	42
budesonide-formoterol fumarate dihydrate 160 MCG/ACT-4.5 MCG/ACT	12	bupropion hcl TB24 150 MG	16	calcipotriene CREA	52
budesonide-formoterol fumarate dihydrate 80 MCG/ACT-4.5 MCG/ACT	12	bupropion hcl TB24 300 MG	16	calcipotriene SOLN	52
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	6	buspirone hcl 15 MG	10	calcitonin (salmon) IJ	60
bumetanide TABS	59	buspirone hcl 5 MG, 10 MG	9	calcitonin (salmon) NA	60
BUMEX TABS 0.5 MG (Use bumetanide)	59	buspirone hcl 7.5 MG, 30 MG	10	calcitriol CAPS	61
BUPHENYL POWD (Use sodium phenylbutyrate)	61	butalbital-acetaminophen TABS 50 MG-325 MG	5	CALCIUM 600+D HIGH POTENCY TABS	78
BUPHENYL TABS (Use sodium phenylbutyrate)	61	butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG	5	calcium acetate (phosphate binder) CAPS	64
BUPRENEX SOLN (Use buprenorphine hcl)	8	butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG	5	calcium carbonate (antacid) CHEW 500 MG	9
buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	8	butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG	7	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 20 MCG-600 MG, 400 UNIT-600 MG, 400 UNIT-800 UNIT-600 MG-600 MG, 800 UNIT-600 MG	78
buprenorphine hcl SOLN	8	butalbital-aspirin-caffeine CAPS	5	calcium carbonate-cholecalciferol TABS 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG	78
buprenorphine hcl SUBL	8	butalbital-aspirin-caffeine w/cod	7	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT	78
buprenorphine hcl-naloxone hcl dihydrate FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG	8	BYDUREON BCISE AUIJ	20	calcium carbonate-vitamin d TABS 600 MG-200 UNIT	78
buprenorphine hcl-naloxone hcl dihydrate FILM SL 3 MG-12 MG	8	BYETTA SOPN 10 MCG/0.04ML	20	calcium polycarbophil TABS	68
buprenorphine hcl-naloxone hcl dihydrate SUBL	8	BYETTA SOPN 5 MCG/0.02ML	20	CALQUENCE	33
bupropion hcl (smoking deterrent)	95	BYLVAY (PELLETS) CPSP	63	CALTRATE 600+D3 TABS (Use calcium carbonate-cholecalciferol)	78
bupropion hcl TABS	15	BYLVAY CAPS	63	CALTRATE BONE HEALTH TABS (Use calcium carbonate-cholecalciferol)	78
bupropion hcl TB12 100 MG	15	CABLIVI	66	CAMCEVI	32
bupropion hcl TB12 150 MG	15	CABOMETYX TABS 20 MG, 60 MG . 33		camphor & menthol LOTN	51
		CABOMETYX TABS 40 MG	33		
		CAFECIT SOLN IV 60 MG/3ML (Use caffeine citrate)	1		
		CAFERGOT TABS (Use ergotamine w/ caffeine)	77		
		caffeine citrate SOLN OR	1		
		CAFFEINE CITRATED POWD	1		
		CALAN SR TBCR 120 MG, 180 MG			

CAMPTOSAR (Use irinotecan hcl) 36	carbidopa-levodopa TABS .....36	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers)) .....61
CAMZYOS .....43	carbidopa-levodopa TBCR .....36	CARNITOR TABS (Use levocarnitine (metabolic modifiers)) .....61
candesartan cilexetil .....26	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML .....30	carteolol hcl (ophth) .....87
candesartan cilexetil- hydrochlorothiazide .....27	CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads) .....42	carvedilol 25 MG .....41
capecitabine .....30	CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads) .....42	carvedilol 3.125 MG, 6.25 MG, 12.5 MG .....41
CAPHOSOL SOLN .....81	CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl) .....42	carvedilol phosphate .....41
CAPRELSA .....33	CARDURA (Use doxazosin mesylate) .....26	CARVYKTI .....32
capsaicin CREA 0.025 %, 0.075 % 54	CARESENS N BLOOD GLUCOSETEST STRIPS STRP ..57	CASODEX (Use bicalutamide) ...32
capsaicin CREA 0.1 %54	CARESTART COVID-19 ANTIGEN HOME TEST KIT .....57	CASTIVA WARMING LOTN .....54
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG- 25 MG .....27	CARETOUCH 2 CPAP HOSE HANGER MISC .....73	CAYSTON .....29
captopril & hydrochlorothiazide 25 MG-50 MG .....27	CARETOUCH BLOOD GLUCOSE TEST STRIPS STRP .....57	cefaclor CAPS .....44
captopril .....25	CARETOUCH CPAP & BIPAP HOSE/6FT MISC .....73	cefaclor SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML .....44
CAPZASIN-HP CREA (Use capsaicin) .....54	CARETOUCH CPAP MASK WIPES MISC .....73	cefadroxil CAPS .....44
CAPZASIN-P CREA .....54	CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 73	cefadroxil SUSR .....44
CARAC CREA .....51	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	cefadroxil TABS .....44
CARAFATE SUSP (Use sucralfate) 97	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	cefdinir CAPS .....44
CARAFATE TABS (Use sucralfate) 97	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	cefdinir SUSR .....44
CARBAGLU (Use carglumic acid) 61	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	cefixime CAPS .....44
carbamazepine CHEW .....13	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	cefprozil SUSR .....44
carbamazepine SUSP .....13	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	cefprozil TABS .....44
carbamazepine TABS .....13	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG .....44
carbamazepine TB12 .....13	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	cefuroxime axetil TABS .....44
carbamide peroxide (otic) 6.5 % ...90	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	CELEXA TABS 10 MG (Use citalopram hydrobromide) .....16
carbidopa .....36	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	CELEXA TABS 20 MG (Use citalopram hydrobromide) .....16
	CARETOUCH CPAP TUBE CLEANING BRUSH MISC .....73	CELEXA TABS 40 MG (Use

citalopram hydrobromide) .....16	chlordiazepoxide hcl CAPS .....10	cilostazol .....66
CELLCEPT CAPS (Use mycophenolate mofetil) .....80	chlorhexidine gluconate (mouth- throat) .....81	CILOXAN OINT .....88
CELLCEPT SUSR (Use mycophenolate mofetil) .....80	chlorhexidine gluconate SOLN EX 4 %38	CIMDUO .....38
CELLCEPT TABS (Use mycophenolate mofetil) .....80	chloroquine phosphate TABS 250 MG .....29	cimetidine hcl OR 300 MG/5ML ... 97
CENTANY OINT .....50	chloroquine phosphate TABS 500 MG .....29	cimetidine TABS .....97
cephalexin CAPS 250 MG, 500 MG 44	chlorpheniramine maleate SYRP ..23	cinacalcet hcl .....61
cephalexin SUSR .....44	chlorpheniramine maleate TABS ..23	CINQAIR .....10
CEPROTIN .....66	chlorpromazine hcl TABS 10 MG ..38	CINRYZE SOLR IV .....66
CERALYTE 70 SOLN .....78	chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG .....38	CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl) .....63
CERASPORT EX1 SOLN .....78	chlorthalidone 25 MG, 50 MG ....59	CIPRODEX (Use ciprofloxacin- dexamethasone) .....90
CERASPORT SOLN .....78	chlorzoxazone TABS 500 MG ....85	ciprofloxacin hcl (ophth) SOLN ....88
CERDELGA .....66	CHOLBAM .....63	ciprofloxacin hcl TABS 100 MG ...63
CEREZYME 400 UNIT .....66	cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT .....102	ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG .....63
cetirizine hcl CHEW .....23	cholecalciferol CAPS 125 MCG, 5000 UNIT .....102	ciprofloxacin-dexamethasone ....91
cetirizine hcl SOLN OR .....23	cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT ....102	cisplatin SOLN 50 MG/50ML, 100 MG/100ML, 200 MG/200ML .....30
cetirizine hcl SYRP OR .....23	cholecalciferol LIQD OR 10 MCG/ML, 400 UNIT/ML .....102	CISPLATIN SOLR .....30
cetirizine hcl TABS .....23	cholecalciferol LIQD OR 400 UT/0.028ML .....102	citalopram hydrobromide SOLN ...16
cetirizine-pseudoephedrine .....47	cholestyramine light PACK .....24	citalopram hydrobromide TABS 10 MG .....16
cetorelix acetate .....60	cholestyramine light POWD .....24	citalopram hydrobromide TABS 20 MG .....16
CETROTIDE (Use cetorelix acetate) .....60	cholestyramine PACK .....24	citalopram hydrobromide TABS 40 MG .....16
CHEMET .....22	cholestyramine POWD .....24	cladribine 10 MG/10ML .....30
CHEMSTRIP-K STRP .....57	CHORIONIC GONADOTROPIN IM 60	clarithromycin SUSR 125 MG/5ML 70
CHENODAL .....63	CIBINQO .....54	clarithromycin SUSR 250 MG/5ML 70
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen) .....4		clarithromycin TABS .....70
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen) .....4		clarithromycin TB24 .....70

CLARITIN ALLERGY CHILDRENS SOLN (Use loratadine)	24	clindamycin phosphate (topical) LOTN	50	CO MONITOR REPLACEMENT TPIECES MISC	74
CLARITIN REDITABS JUNIORS TBDP (Use loratadine)	24	clindamycin phosphate (topical) SOLN	50	COAGADDEX	65
CLARITIN REDITABS TBDP 10 MG (Use loratadine)	24	clindamycin phosphate vaginal CREA	101	coal tar extract SHAM 0.5 %	56
CLARITIN SOLN (Use loratadine)	24	CLINITEST RAPID COVID-19 ANTIGEN SELF-TEST KIT	57	COARTEM	29
CLARITIN TABS (Use loratadine)	24	clobetasol propionate CREA 0.05 %	53	codeine sulfate TABS 30 MG	6
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	47	clobetasol propionate emollient base 0.05 %	53	CODEINE SULFATE TABS	6
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	47	clobetasol propionate GEL 0.05 %	53	COLACE CAPS 100 MG (Use docusate sodium)	69
CLEARDETECT COVID-19 ANTIGEN HOME TEST KIT	57	clobetasol propionate OINT 0.05 %	53	COLACE CLEAR CAPS (Use docusate sodium)	69
clemastine fumarate TABS 1.34 MG	23	clobetasol propionate SOLN 0.05 %	53	COLAZAL CAPS (Use balsalazide disodium)	63
CLEOCIN 150 MG, 300 MG (Use clindamycin hcl)	28	clomipramine hcl 75 MG	18	colchicine TABS	65
CLEOCIN CREA (Use clindamycin phosphate vaginal)	101	clonazepam TABS	13	colchicine w/ probenecid	65
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	28	clonidine hcl (adhd) TB12	1	COLCRYSTABS (Use colchicine)	65
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	50	clonidine hcl TABS	26	COLD & FLU RELIEF NIGHTTIME D LIQD	47
CLEVER CHOICE PEAK FLOW METER	74	clopidogrel bisulfate 75 MG	66	COLESTID FLAVORED GRAN (Use colestipol hcl)	24
CLIMARA PTWK (Use estradiol)	62	clorazepate dipotassium TABS	10	COLESTID GRAN (Use colestipol hcl)	24
CLINDAGEL GEL (Use clindamycin phosphate (topical))	50	clotrimazole (topical) CREA	51	COLESTID TABS (Use colestipol hcl)	24
clindamycin hcl 150 MG, 300 MG	29	clotrimazole (topical) SOLN	51	colestipol hcl GRAN	24
clindamycin palmitate hydrochloride	29	clotrimazole vaginal CREA 1 %	101	colestipol hcl TABS	24
clindamycin phosphate (topical) GEL	50	clotrimazole vaginal CREA 2 %	101	COMBIPATCH PTTW	62
		clotrimazole w/ betamethasone CREA	51	COMBIVENT RESPIMAT AERS	12
		clotrimazole w/ betamethasone LOTN	51	COMBIVIR (Use lamivudine-zidovudine)	38
		clozapine TABS	37	COMETRIQ KIT	33
		CLOZARIL TABS (Use clozapine)	37	COMFORT EZ PRO SAFETY PEN NEEDLES 31G X 5MM	72

COMIRNATY 2023-24 SUSP	99	CORTENEMA (Use hydrocortisone (intrarectal))	8	cyanocobalamin SOLN IJ 1000 MCG/ML	66
COMIRNATY 2023-24 SUSY	99	CORTISONE ACETATE TABS	46	cyclobenzaprine hcl TABS 5 MG, 10 MG	85
COMIRNATY 2024-25 SUSY	99	CORTROSYN SOLR (Use cosyntropin)	57	cyclobenzaprine hcl TABS 7.5 MG	85
COMIRNATY SUSP	99	COSOPT (Use dorzolamide hcl- timolol maleate)	87	CYCLOGYL (Use cyclopentolate hcl)	88
COMPLERA	38	cosyntropin SOLR	57	CYCLOGYL 0.5 %	88
CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) . .	1	COTELLIC	33	CYCLOGYL 2 %	88
CONCERTA TBCR 36 MG (Use methylphenidate hcl)	1	COVID-19 AG TEST KIT	57	cyclopentolate hcl 0.5 %	88
CONDOMS-MISC	70	COVID-19 AT-HOME TEST KIT KIT . 57		cyclopentolate hcl 1 %, 2 %	88
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	70	COZAAR (Use losartan potassium) 26		CYCLOPHOSPHAMIDE MONOHYDRATE SOLN (Use cyclophosphamide)	30
CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	70	CREON CPEP	59	CYCLOPHOSPHAMIDE SOLN (Use cyclophosphamide)	30
CONTOUR PLUS BLOOD GLUCOSE TEST STRIPS STRP	57	CRESTOR TABS (Use rosuvastatin calcium)	25	CYCLOPHOSPHAMIDE SOLN 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML	30
CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM KIT	70	cromolyn sodium (nasal) 5.2 MG/ACT	85	cyclophosphamide SOLN	30
COPAXONE SOSY (Use glatiramer acetate)	94	cromolyn sodium (ophth)	90	cyclophosphamide SOLR IJ	30
COPIKTRA	33	cromolyn sodium NEBU	10	cyclosporine CAPS	80
COREG 25 MG (Use carvedilol)	41	crotamiton LOTN	55	cyclosporine modified (for microemulsion) CAPS	80
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	41	CRYSVITA	61	cyclosporine modified (for microemulsion) SOLN	80
COREG CR (Use carvedilol phosphate)	41	CUTAQUIG	91	cyclosporine SOLN IV 50 MG/ML . .	80
CORETEXT SUSP 1 ML, 2 ML	56	CUVITRU SOLN	91	CYLTEZO AJKT	3
CORGARD TABS 20 MG, 40 MG, 80 MG (Use nadolol)	42	CVS COVID-19 AT HOME TESTKIT KIT	57	CYLTEZO PSKT	3
CORIFACT	65	CVS DRY MOUTH SPRAY SOLN	81	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	3
CORTEF TABS (Use hydrocortisone)	46	CVS GLUCOSE	18	CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	3
		CVS GLUCOSE CHEW	19		
		CVS SOFT GLUCOSE CHEW	19		
		CVS TRUE METRIX BLOOD GLUCOSE TEST STRIPS STRP	57		

CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS AJKT ...3	dasatinib .....33	64
CYMBALTA CPEP (Use duloxetine hcl) .....17	daunorubicin hcl SOLN .....33	DEMSEER (Use metyrosine) .....26
cyproheptadine hcl SYRP .....24	DAUNORUBICIN HYDROCHLORIDE SOLN (Use daunorubicin hcl) .....33	DENGVAXIA .....99
cyproheptadine hcl TABS .....24	DAUNORUBICIN HYDROCHLORIDE SOLN 50 MG/10ML .....33	DEPAKOTE ER TB24 250 MG (Use divalproex sodium) .....15
CYRAMZA .....31	DAURISMO .....32	DEPAKOTE ER TB24 500 MG (Use divalproex sodium) .....15
CYSTADANE (Use betaine) .....61	DAYHIST ALLERGY 12 HOUR RELIEF TABS .....23	DEPAKOTE SPRINKLES CSDR (Use divalproex sodium) .....15
CYSTADROPS .....90	DDAVP SOLN IJ 4 MCG/ML (Use desmopressin acetate) .....62	DEPAKOTE TBEC 125 MG (Use divalproex sodium) .....15
CYSTAGON CAPS .....64	DDAVP TABS (Use desmopressin acetate) .....62	DEPAKOTE TBEC 250 MG (Use divalproex sodium) .....15
CYSTARAN .....90	DEBROX 6.5 % (Use carbamide peroxide (otic)) .....90	DEPAKOTE TBEC 500 MG (Use divalproex sodium) .....15
cytarabine SOLN .....30	decitabine .....30	DEPEN TITRATABS TABS (Use penicillamine) .....79
CYTOGAM IV 50 MG/ML .....91	deferasirox PACK .....22	DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive)) .....46
CYTOMEL TABS (Use liothyronine sodium) .....96	deferasirox TABS .....22	DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive)) .....46
CYTOTEC (Use misoprostol) .....98	deferasirox TBSO .....22	DEPO-SUBQ PROVERA 104 SUSY SC .....46
dabigatran etexilate mesylate CAPS .12	deferiprone TABS .....22	DERMAREST PSORIASIS GEL ...54
dalfampridine .....94	deferoxamine mesylate .....22	DERMA-SMOOTHIE/FS SCALP OIL (Use fluocinolone acetonide) .....53
DALIRESP (Use roflumilast) .....11	DEFITELIO .....66	DERMOTIC (Use fluocinolone acetonide (otic)) .....91
dapagliflozin propanediol .....21	deflazacort SUSP .....46	DESCOVY 120 MG-15 MG .....38
dapagliflozin propanediol-metformin hcl 1000 MG-10 MG .....18	deflazacort TABS .....46	DESCOVY 200 MG-25 MG .....39
dapagliflozin propanediol-metformin hcl 1000 MG-5 MG .....18	DEFLUX .....64	DESFERAL 500 MG (Use deferoxamine mesylate) .....22
dapsone .....28	DELSTRIGO .....38	
DAPTACEL .....96	DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex) .....47	
DARAPRIM (Use pyrimethamine) 29	DELSYM SUER (Use dextromethorphan polistirex) .....47	
darunavir TABS 600 MG .....38	DELZICOL CPDR (Use mesalamine)	
darunavir TABS 800 MG .....38		
DARZALEX .....31		
DARZALEX FASPRO .....33		

desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	DEX4 QUICK DISSOLVE GLUCOSE CHEW	dextromethorphan-doxylamine-acetaminophen LIQD
.....18	.....19	.....47
desipramine hcl TABS 25 MG	dexamethasone ELIX	dextromethorphan-guaifenesin LIQD
.....18	.....46	100 MG/5ML-10 MG/5ML, 150
desmopressin acetate SOLN IJ	dexamethasone sodium phosphate (ophth)	MG/7.5ML-15 MG/7.5ML, 200
.....62	.....89	MG/10ML-20 MG/10ML
DESMOPRESSIN ACETATE SOLN NA	dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	.....47
.....62	.....46	dextromethorphan-guaifenesin LIQD
desmopressin acetate spray	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	100 MG/5ML-5 MG/5ML, 200
.....62	.....46	MG/5ML-200 MG/5ML-30 MG/5ML-
desmopressin acetate spray refrigerated	dexamethasone sodium phosphate SOSY IJ 4 MG/ML	30 MG/5ML, 200 MG/5ML-30
.....62	.....46	MG/5ML, 400 MG/20ML-20
desmopressin acetate TABS	dexamethasone sodium phosphate	MG/20ML
.....62	.....46	.....47
desogestrel & ethinyl estradiol	dexamethasone SOLN	dextromethorphan-guaifenesin LIQD
.....45	.....46	200 MG/5ML-10 MG/5ML
desogestrel-ethinyl estradiol (biphasic)	dexamethasone TABS	.....47
.....45	.....46	dextromethorphan-guaifenesin SYRP
desogestrel-ethinyl estradiol (triphasic)	DEXCOM G6 RECEIVER	100 MG/5ML-10 MG/5ML, 100
.....45	.....70	MG/5ML-100 MG/5ML-10 MG/5ML-
desonide CREA	DEXCOM G7 RECEIVER	10 MG/5ML, 200 MG/10ML-20
.....53	.....70	MG/10ML
desonide OINT	DEXCOM G7 SENSOR	.....48
.....53	.....70	dextromethorphan-guaifenesin TB12
DESOWEN CREA (Use desonide)	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	600 MG-30 MG
.....53	.....1	.....48
desoximetasone CREA 0.05 %	DEXILANT (Use dexlansoprazole)	dextromethorphan-phenylephrine-acetaminophen CAPS
.....53	97	.....48
desoximetasone CREA 0.25 %	dexlansoprazole	DEXYCU SUSP IO
.....53	.....98	.....89
desoximetasone GEL	dexmethylphenidate hcl TABS	DHIVY TABS
.....53	.....1	.....36
desoximetasone OINT 0.25 %	dexrazoxane hcl	DHS TAR GEL SHAM (Use coal tar extract)
.....53	.....35	.....56
desvenlafaxine succinate 100 MG	DEXTENZA INST	DHS TAR SHAM (Use coal tar extract)
.....17	.....89	.....56
desvenlafaxine succinate 25 MG, 50 MG	dextroamphetamine sulfate CP24	DIABETIC TUSSIN COLD/FLU CAPS
.....17	.....1	.....48
DETROL LA CP24 (Use tolterodine tartrate)	dextroamphetamine sulfate TABS 5 MG, 10 MG	DIACOMIT CAPS 250 MG
.....98	.....1	.....13
DETROL TABS (Use tolterodine tartrate)	dextromethorphan hbr LIQD 7.5 MG/5ML	DIACOMIT CAPS 500 MG
.....98	.....47	.....13
DEX4	dextromethorphan polistirex LQCR	DIACOMIT PACK 250 MG
.....19	47	.....13
DEX4 FAST ACTING GLUCOSE	dextromethorphan polistirex SUER	DIACOMIT PACK 500 MG
.....19	47	.....13
DEX4 NATURALS		DIASTAT ACUDIAL GEL 10 MG (Use diazepam (anticonvulsant))
.....19		.....13
DEX4 POUCH PACK		
.....19		

DIASTAT ACUDIAL GEL 20 MG (Use diazepam (anticonvulsant)) .. 13	NA 4 MG/ML 77	diphenhydramine hcl (sleep) TABS 25 MG 68
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant)) 13	DILANTIN (Use phenytoin sodium extended) 14	diphenhydramine hcl (sleep) TABS 50 MG 68
diazepam (anticonvulsant) GEL 10 MG 13	DILANTIN 14	diphenhydramine hcl CAPS 23
diazepam (anticonvulsant) GEL ... 13	DILANTIN INFATABS CHEW (Use phenytoin) 14	diphenhydramine hcl ELIX 12.5 MG/5ML 23
diazepam SOLN OR 5 MG/5ML ... 10	DILANTIN-125 SUSP (Use phenytoin) 15	diphenhydramine hcl LIQD 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML 23
diazepam TABS 10	DILAUDID TABS 2 MG, 4 MG (Use hydromorphone hcl) 6	diphenhydramine hcl TABS 25 MG 23
dibucaine 54	DILAUDID TABS 8 MG (Use hydromorphone hcl) 6	diphenoxylate w/ atropine LIQD ... 22
dichlorphenamide 59	diltiazem hcl coated beads CP24 120 MG, 180 MG, 300 MG 42	diphenoxylate w/ atropine TABS ... 22
diclofenac potassium TABS 50 MG .4	diltiazem hcl coated beads CP24 240 MG 42	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP ... 96
diclofenac sodium (ophth) 90	diltiazem hcl CP12 42	dipyridamole 66
diclofenac sodium (topical) GEL EX 51	diltiazem hcl CP24 120 MG, 180 MG 43	disopyramide phosphate CAPS ... 10
diclofenac sodium TBEC 4	diltiazem hcl CP24 240 MG 43	DISPOSABLE MOUTHPIECE FULL RANGE MISC 74
dicloxacillin sodium 92	diltiazem hcl extended release beads 120 MG, 180 MG, 300 MG, 360 MG, 420 MG 42	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC ... 74
dicyclomine hcl CAPS 97	diltiazem hcl extended release beads 240 MG 42	DISPOSABLE MOUTHPIECE/LOW RANGE MISC 74
dicyclomine hcl SOLN OR 97	diltiazem hcl TABS 43	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC 74
dicyclomine hcl TABS 97	dimenhydrinate TABS 22	DISPOSABLE PAPER MOUTHPIECE MISC 74
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide) 50	dimethyl fumarate CDPK 94	disulfiram 250 MG 94
DIFLUCAN SUSP (Use fluconazole) . 23	dimethyl fumarate CPDR 94	DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride) 98
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole) 23	DIOVAN HCT (Use valsartan- hydrochlorothiazide) 27	divalproex sodium CSDR 15
DIFLUCAN TABS 150 MG (Use fluconazole) 23	DIOVAN TABS (Use valsartan) ... 26	divalproex sodium TB24 250 MG .. 15
diflunisal TABS 6	diphenhydramine hcl (sleep) CAPS 50 MG 68	divalproex sodium TB24 500 MG .. 15
digoxin SOLN OR 0.05 MG/ML ... 43		
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG 43		
dihydroergotamine mesylate SOLN		

divalproex sodium TBEC 125 MG . 15	DOVATO 39	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM .....72
divalproex sodium TBEC 250 MG . 15	doxazosin mesylate 26	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM .....72
divalproex sodium TBEC 500 MG . 15	doxepin hcl CAPS .....18	EASY FLOW 300 MM HOSE MISC 74
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML (Use docetaxel) .....35	doxepin hcl CONC 18	EASY FLOW 400 MM HOSE MISC 74
docetaxel CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML .....35	doxycycline (monohydrate) CAPS 50 MG, 100 MG 96	EASY FLOW AIR NOZZLE MISC . 74
DOCETAXEL CONC 20 MG/ML, 80 MG/4ML, 160 MG/8ML .....35	doxycycline (monohydrate) TABS 50 MG, 100 MG 96	EASY FLOW HEPA FILTER MISC 74
DOCETAXEL SOLN (Use docetaxel) 35	doxycycline hyclate CAPS .....96	EASY MAX BLOOD GLUCOSE TEST STRIP STRP .....57
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML 35	doxycycline hyclate TABS 100 MG 96	EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT .70
docetaxel SOLN .....35	doxylamine succinate (sleep) 68	EASY TALK PLUS II BLOOD GLUCOSE TEST STRIPS STRP ..57
DOCIVYX SOLN .....35	DRAMAMINE CHEW 22	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT .....70
DOCK-SORREL POLLEN MIX EXTRACT IJ 2	DRAMAMINE TABS (Use dimenhydrinate) .....22	EASY TOUCH HEALTHPRO GLUCOSE TEST STRIPS STRP ..57
docusate sodium CAPS 100 MG, 250 MG 69	DRISDOL CAPS (Use ergocalciferol) 102	EASY TRAK II BLOOD GLUCOSE TEST STRIPS STRP 57
docusate sodium CAPS 50 MG ...69	drospirenone-ethinyl estradiol ....45	EBASE CONTROLLER KIT MISC .74
docusate sodium LIQD 50 MG/5ML, 100 MG/10ML .....69	DROXIA CAPS .....66	econazole nitrate CREA 51
DOCUSATE SODIUM SYRP .....69	droxidopa .....102	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin) .....6
docusate sodium TABS .....69	DRYSOL SOLN .....55	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin) .....6
dofetilide .....10	DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl) .....69	ECOTRIN TBEC (Use aspirin) .....6
DOJOLVI .....87	DULCOLAX SUPP (Use bisacodyl) 69	ED BRON GP LIQD 48
donepezil hydrochloride TABS 5 MG, 10 MG .....94	DULCOLAX TBEC (Use bisacodyl) 69	edaravone SOLN 86
dorzolamide hcl .....90	duloxetine hcl CPEP 20 MG, 30 MG, 60 MG .....17	EDURANT .....39
DORZOLAMIDE HCL .....90	DUROLANE PRSY 85	efavirenz CAPS 200 MG .....39
DORZOLAMIDE HCL/TIMOLOL MALEATE .....88	D-VI-SOL LIQD OR (Use cholecalciferol) .....102	
dorzolamide hcl-timolol maleate .. 88	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate) 70	

efavirenz CAPS 50 MG	39	EMBRACE PEN NEEDLES/32G X 4MM	72	ENSPRYNG	80
efavirenz TABS	39	EMBRACE PRO BLOOD GLUCOSETEST STRIPS STRP ..	57	ENTYVIO SOLR	64
efavirenz-emtricitabine-tenofovir disoproxil fumarate	39	EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP ..	57	EPICORD/ 1CM X 2CM SHEE	56
efavirenz-lamivudine-tenofovir disoproxil fumarate	39	EMCYT	32	EPIDIOLEX	13
EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)	17	EMFLAZA SUSP (Use deflazacort) 46		EPIFOAM FOAM	53
EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl)	17	EMFLAZA TABS (Use deflazacort) 46		epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	101
EFFEXOR XR CP24 75 MG (Use venlafaxine hcl)	17	EMOLLIENT LOTION-MISC	54	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	102
EFFIENT (Use prasugrel hcl)	66	EMPLICITI	31	epinephrine (anaphylaxis) SOAJ .	102
EFUDEX CREA (Use fluorouracil (topical))	51	emtricitabine CAPS	39	epinephrine hcl (nasal)	86
ELAPRASE	61	emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	39	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	102
eletriptan hydrobromide	77	EMTRIVA CAPS (Use emtricitabine) . 39		EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	102
ELIDEL (Use pimecrolimus)	54	EMTRIVA SOLN	39	EPIVIR SOLN (Use lamivudine) ...	39
ELIGARD KIT SC 7.5 MG	32	EMTRIVA SOLN	39	EPIVIR TABS 150 MG (Use lamivudine)	39
ELIGARD SC 22.5 MG, 30 MG, 45 MG	32	EMVERM CHEW	9	EPIVIR TABS 300 MG (Use lamivudine)	39
ELIQUIS STARTER PACK TBPK .	12	enalapril maleate & hydrochlorothiazide	27	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	66
ELIQUIS TABS	12	enalapril maleate TABS	25	epoprostenol sodium	43
ELLA	45	ENDARI (Use glutamine (sickle cell))	66	EPZICOM (Use abacavir sulfate- lamivudine)	39
ELLEENCE SOLN	33	ENFAMIL ENFALYTE SOLN	78	EQL DRY MOUTH ORAL RINSE SOLN	81
ELLUME COVID-19 HOME TEST KIT	57	ENGERIX-B SUSP 20 MCG/ML ...	99	EQUALYTE SOLN (Use oral electrolytes)	78
ELOCTATE	65	ENGERIX-B SUSY	99	ERBITUX	32
EMBRACE PEN NEEDLES/30G X 5MM	72	ENHERTU	31	ergocalciferol CAPS	102
EMBRACE PEN NEEDLES/31G X 5MM	72	ENJAYMO	66	ergocalciferol SOLN OR	102
EMBRACE PEN NEEDLES/31G X 8MM	72	enoxaparin sodium SOLN IJ 300 MG/3ML	12	ergotamine w/ caffeine TABS	77

eribulin mesylate	35	MG	98	EVERSENSE 365	
ERIVEDGE	32	ESPEROCT	65	SENSOR/HOLDER	70
ERLEADA 60 MG	32	ESTRACE CREA (Use estradiol vaginal)	101	EVERSENSE E3 SENSOR/HOLDER	70
erlotinib hcl	32	ESTRACE TABS (Use estradiol) ..	62	EVISTA (Use raloxifene hcl)	61
ertapenem sodium IJ	28	estradiol & norethindrone acetate TABS	62	EVKEEZA	24
ERYGEL GEL (Use erythromycin (acne aid))	50	estradiol PTTW	62	EVOMELA IV	30
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	70	estradiol PTWK	63	EVRYSDI	86
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	70	estradiol TABS	63	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	94
erythromycin (acne aid) GEL	50	estradiol vaginal CREA	101	exemestane	32
erythromycin (acne aid) SOLN	50	estradiol vaginal TABS	101	EXFORGE (Use amlodipine besylate-valsartan)	27
erythromycin (ophth)	88	ESTROFACTORS TABS	82	EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	27
ERYTHROMYCIN	88	ethambutol hcl TABS	29	EXJADE TBSO (Use deferasirox) ..	22
erythromycin base CPEP	70	ethosuximide CAPS	15	EXKIVITY	32
erythromycin base TABS	70	ethosuximide SOLN	15	EXONDYS 51	86
erythromycin base TBEC	70	ethynodiol diacet & eth estrad ..	45	EXPIRATORY MOUTHPIECE MISC .	74
erythromycin ethylsuccinate SUSR	70	etodolac CAPS	4	EXSERVAN FILM	86
erythromycin ethylsuccinate TABS	70	etodolac TABS	4	EXTAVIA KIT	94
erythromycin stearate TABS 250 MG	70	etonogestrel-ethinyl estradiol	45	EYLEA HD SOLN	88
ESBRIET CAPS (Use pirfenidone)	96	etoposide CAPS	35	EYLEA SOLN	88
ESBRIET TABS (Use pirfenidone)	96	etoposide SOLN 1 GM/50ML, 100 MG/5ML, 500 MG/25ML	35	EYLEA SOSY	88
escitalopram oxalate TABS 10 MG	16	etravirine 100 MG	39	ezetimibe	25
escitalopram oxalate TABS 20 MG	16	etravirine 200 MG	39	ezetimibe-simvastatin	24
escitalopram oxalate TABS 5 MG .	16	EUFLEXXA SOSY	85	famciclovir	41
ESGIC TABS (Use butalbital-acetaminophen-caffeine)	5	EULEXIN	32	famotidine SUSR	97
esomeprazole magnesium CPDR	20	EVAC POWD (Use psyllium)	68	famotidine TABS 10 MG	97
		EVENITY	60	famotidine TABS 20 MG, 40 MG ..	97
		everolimus TABS	33	FARESTON (Use toremifene citrate)	
		everolimus TBSO	33		

.....	32	FERRIPROX TWICE-A-DAY TABS 22	flavoxate hcl	98
FARXIGA (Use dapagliflozin propanediol)	21	ferrous fumarate TABS 324 MG ...	FLEBOGAMMA DIF SOLN 5 GM/50ML	91
FARXIGA	21	ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	FLEBOGAMMA DIF SOLN	91
FASTEP COVID-19 ANTIGEN HOME TEST KIT	57	FERROUS GLUCONATE TABS 324 MG	flecainide acetate	10
FEIBA	65	ferrous sulfate SOLN 15 MG/ML ..	FLEET ENEMA ENEM (Use sodium phosphates)	69
felbamate SUSP	14	ferrous sulfate SOLN 220 MG/5ML, 300 MG/6.8ML	FLEET PEDIATRIC ENEM (Use sodium phosphates)	69
felbamate TABS	14	ferrous sulfate TABS 65 MG, 325 MG	FLEET SALINE ENEMA EXTRAVOLUME ENEM (Use sodium phosphates)	69
FELBATOL SUSP (Use felbamate) 14		FERROUS SULFATE TBEC (Use ferrous sulfate)	FLEXICHAMBER ADULT MASK/SMALL	74
FELBATOL TABS (Use felbamate) 14		ferrous sulfate TBEC	FLEXICHAMBER CHILD MASK/LARGE	74
FELDENE CAPS (Use piroxicam) ..	4	FEVERALL JUNIOR STRENGTH SUPP	FLEXICHAMBER CHILD MASK/SMALL	74
felodipine	43	fexofenadine hcl TABS 180 MG ...	FLOLAN (Use epoprostenol sodium)	43
FEMARA (Use letrozole)	32	fexofenadine hcl TABS 60 MG	FLOMAX (Use tamsulosin hcl)	64
fenofibrate micronized 134 MG, 200 MG	25	FIBRYGA	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	86
fenofibrate micronized 67 MG	25	FILTER AIR PP MISC	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal)) 86	
fenofibrate TABS 160 MG	25	finasteride	FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-0.5 MG-250 MCG	83
fenofibrate TABS 54 MG	25	fingolimod hcl	FLORAFOL PEDIATRIC CHEW 70 MG-1 MG-12 MG-1.15 MG-1 MG-12 MCG-11.5 MG-700 MCG-3.5 MCG-1 MG-250 MCG	83
FENOFIBRATE TABS	25	FINTEPLA	FLORIVA PLUS SOLN	83
fenoprofen calcium CAPS 400 MG .	4	FIRAZYR SOSY (Use icanitabant acetate)	FLOVENT DISKUS AEPB (Use	
FENSOLVI SC	61	FIRMAGON 80 MG		
fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	6	FIRVANQ SOLR OR (Use vancomycin hcl)		
FER-IN-SOL SOLN (Use ferrous sulfate)	67	FLAVOR BLEND SUSP		
FERRETTS TABS	67	FLAVOR PLUS LIQD		
FERRIPROX SOLN	22	FLAVOR SWEET SYRP		
FERRIPROX TABS (Use deferiprone)	22	FLAVOR SWEET-SF SYRP		

fluticasone propionate (inhalation)) 11	fluorometholone (ophth) SUSP 89	fluvoxamine maleate TABS 25 MG, 50 MG 16
FLOVENT HFA (Use fluticasone propionate hfa) 11	fluorouracil (topical) CREA 0.5 % . 51	FLUZONE 2024-2025 SUSP 99
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT 57	fluorouracil (topical) CREA 5 % 51	FLUZONE 2024-2025 SUSY 99
FLUAD 2024-2025 99	fluorouracil (topical) SOLN 51	FLUZONE HIGH-DOSE 2024-2025 SUSY 99
FLUARIX 2024-2025 SUSY 99	fluoxetine hcl CAPS 10 MG, 20 MG 16	FLYP HYPERSONIQ CARTRIDGE MISC 74
FLUBLOK 2024-2025 SOSY 99	fluoxetine hcl CAPS 40 MG 16	FML LIQUIFILM SUSP (Use fluorometholone (ophth)) 89
FLUCELVAX 2024-2025 SUSP ... 99	fluoxetine hcl SOLN 16	FML OINT 89
FLUCELVAX 2024-2025 SUSY ... 99	fluoxetine hcl TABS 10 MG 16	FOCALIN TABS (Use dexmethylphenidate hcl) 1
fluconazole SUSR 23	fluoxetine hcl TABS 20 MG 16	FOLCYTEINE TABS 82
fluconazole TABS 100 MG, 200 MG . 23	fluphenazine decanoate 38	folic acid TABS 1 MG 66
fluconazole TABS 150 MG 23	fluphenazine hcl TABS 38	folic acid TABS 400 MCG, 800 MCG . 66
fluconazole TABS 50 MG 23	flurazepam hcl 68	FOLLISTIM AQ SC 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML 60
fludarabine phosphate SOLN 30	flurbiprofen sodium 90	FOLOTYN 30
FLUDARABINE PHOSPHATE SOLN 30	flurbiprofen TABS 4	fondaparinux sodium 12
fludarabine phosphate SOLR 30	flutamide 32	FORA 6 CONNECT/GTEL BLOOD GLUCOSE TEST STRIPS STRP .. 57
fludrocortisone acetate TABS 46	fluticasone propionate (inhalation) AEPB 11	FORA GTEL BLOOD KETONE TEST STRIPS 57
FLULAVAL 2024-2025 SUSY 99	fluticasone propionate (nasal) SUSP . 86	FORA TEST N' GO ADVANCE/VOICE/6 CONNECT .. 57
FLUMIST NASAL VACCINE 2024- 2025 99	fluticasone propionate CREA 0.05 % 53	FORA TN'G ADVANCE PRO BLOOD GLUCOSE TEST STRIPS STRP .. 58
flunisolide (nasal) 0.025 % 86	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT 11	formaldehyde SOLN 10 % 38
fluocinolone acetonide (otic) 91	fluticasone propionate hfa 44 MCG/ACT 11	FORTEO SOPN (Use teriparatide) 60
fluocinolone acetonide OIL 53	fluticasone propionate OINT 53	FORTISCARE G1 BLOOD GLUCOSE TEST STRIP STRP ... 58
fluocinonide CREA 0.05 % 53	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT 12	
fluocinonide emulsified base 53	fluvoxamine maleate TABS 100 MG . 16	
fluocinonide GEL 53		
fluocinonide OINT 53		
fluocinonide SOLN 53		

FOSAMAX TABS 70 MG (Use alendronate sodium)	60	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	71	GAMMAPLEX SOLN 5 GM/50ML ..	91
fosamprenavir calcium TABS	39	FT ELECTROLYTE SOLUTION SOLN	78	GAMMAPLEX SOLN	91
fosinopril sodium & hydrochlorothiazide	27	FT SALINE NASAL SPRAY SOLN	85	GAMUNEX-C	91
fosinopril sodium	25	FULL KIT NEBULIZER SET MISC	74	GANIRELIX ACETATE (Use ganirelix acetate)	60
FOTIVDA	34	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	59	ganirelix acetate	60
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	12	furosemide TABS	59	GARDASIL 9 SUSP	99
FRAGMIN SOSY	12	FUZEON SOLR	39	GARDASIL 9 SUSY	99
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	70	FYARRO	34	GATTEX	64
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	71	gabapentin CAPS	13	GAUZE SPONGES	70
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	71	gabapentin SOLN	13	GAVRETO	34
FREESTYLE LIBRE 2 PLUS/SENOSR/FLASH GLUCOSE MONITOR SYSTEM	71	gabapentin TABS 600 MG	13	GAZYVA	31
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	71	gabapentin TABS 800 MG	13	gefitinib	32
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	71	GABITRIL (Use tiagabine hcl)	14	GEL-ONE	85
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	71	GABLOFEN SOLN IT (Use baclofen) 85	85	GELSYN-3 SOSY	85
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	71	GABLOFEN SOLN IT 10000 MCG/20ML, 40000 MCG/20ML ...	85	gemfibrozil TABS	25
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	71	GALAFOLD	61	GENABIO COVID-19 RAPID SELF TEST KIT 1-PACK KIT	58
		galantamine hydrobromide CP24 ..	94	GENABIO COVID-19 RAPID SELF TEST KIT 2-PACK KIT	58
		galantamine hydrobromide SOLN ..	94	GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	45
		galantamine hydrobromide TABS ..	94	GENICIN VITA-Q TABS	82
		GAMASTAN	91	gentamicin sulfate (ophth) OINT ...	88
		GAMIFANT	80	gentamicin sulfate (ophth) SOLN ..	88
		GAMMAGARD LIQUID	91	gentamicin sulfate (topical) CREA .	50
		GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	91	gentamicin sulfate (topical) OINT ..	50
		GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	91	GENVISC 850 SOSY	85
				GENVOYA	39
				GEODON (Use ziprasidone hcl) ..	37
				GERI-TUSSIN SYRP	49

GILENYA (Use fingolimod hcl)	95	glycine diluent	92	guaifenesin TB12 600 MG	49
GILENYA 0.5 MG	95	glycopyrrolate TABS 1 MG, 2 MG . 97		guaifenesin-codeine SOLN	48
GILOTRIF	32	GLYNASE (Use glyburide micronized)	21	guaifenesin-codeine SYRP	48
GIMOTI SOLN NA	63	GNP EASY TOUCH GLUCOSE TEST STRIPS STRP	58	guanfacine hcl (adhd)	1
ginger (zingiber officinalis) CAPS 250 MG	2	GNP GLUCOSE 6 MG-4 GM	19	guanfacine hcl	26
GLASSIA SOLN	95	GNP GLUCOSE CHEW	19	GUARDIAN 4 GLUCOSE SENSOR . 71	
glatiramer acetate SOSY	95	GNP QUICK DISSOLVE GLUCOSE CHEW	19	GUARDIAN REAL-TIME REPLACEMENT MONITOR PEDIATRIC	71
GLEEVEC (Use imatinib mesylate) 34		GOCOVRI CP24	36	GYNAZOLE-1	101
glimepiride 1 MG, 2 MG	21	GOJJI BLOOD KETONE TEST STRIPS	58	HADLIMA PUSHTOUCH SOAJ	3
glimepiride 4 MG	21	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate)	68	HADLIMA SOSY	4
glipizide TABS	21	GONAL-F RFF REDIRECT SOPN .60		HAEGARDA SOLR SC	66
glipizide TB24	21	GONAL-F RFF SOLR SC	60	HALAVEN (Use eribulin mesylate) 35	
glipizide-metformin hcl	18	GONAL-F SOLR IJ	60	HALCION 0.25 MG (Use triazolam) 68	
glucagon (rdna)	19	GOODSENSE ELECTROLYTE ADVANTAGE CARE SOLN	78	HALDOL DECANOATE 100 (Use haloperidol decanoate)	37
GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	19	GOODSENSE GLUCOSE	19	HALDOL DECANOATE 50 (Use haloperidol decanoate)	37
GLUCO TO GO CHEW	19	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	58	haloperidol decanoate	37
GLUCOSE	19	GRANIX SOLN	67	haloperidol lactate CONC	37
GLUCOSE CHEW	19	GRANIX SOSY	67	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	37
GLUCOSE INSTANT ENERGY . . .19		GRAPE SYRUP SYRP	92	haloperidol TABS 20 MG	37
GLUCOTROL XL TB24 (Use glipizide)	21	griseofulvin microsize SUSP	23	HAVRIX	99
glutamine (sickle cell)	66	griseofulvin microsize TABS	23	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML	65
glyburide micronized 1.5 MG, 3 MG, 6 MG	21	griseofulvin ultramicrosize	23	HEMOFIL M SOLR 1501 -2000 UNIT	65
glyburide TABS	21	guaifenesin LIQD	49	HEMOFIL M SOLR 250 UNIT, 500	
glyburide-metformin	18	guaifenesin SYRP	49		
glycerin (laxative) SUPP 2 GM	69	guaifenesin TB12 1200 MG	49		
GLYCERIN ADULT SUPP (Use glycerin (laxative))	69				

UNIT, 1000 UNIT, 1700 UNIT 65	HYALGAN SOSY 85	hydrocortisone (topical) LOTN 1 % 53
HEPAGAM B SOLN IJ 91	HYCAMTIN CAPS 36	hydrocortisone (topical) LOTN 2.5 % . 53
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML 12	HYCAMTIN SOLR (Use topotecan hcl) 36	hydrocortisone (topical) OINT 1 %, 2.5 % 53
heparin sodium (porcine) SOLN IJ 1000 UNIT/ML 12	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide) 47	hydrocortisone butyrate SOLN 53
HEPLISAV-B SOSY 99	hydralazine hcl TABS 28	HYDROCORTISONE COMPLETE KIT THPK 53
HERCEPTIN 150 MG 31	HYDRALYTE FREEZER POPS SOLN 79	hydrocortisone TABS 46
HERCEPTIN HYLECTA 33	HYDRALYTE SOLN 79	hydrocortisone vaginal 101
HIBERIX SOLR IJ 98	HYDREA (Use hydroxyurea) 35	hydrocortisone w/acetic acid 91
HIBICLENS SOLN EX (Use chlorhexidine gluconate) 38	hydrochlorothiazide CAPS 59	HYDROMORPHONE HCL SUPP .. 6
HIGH POTENCY MULTIVITAMIN TABS 82	hydrochlorothiazide TABS 25 MG, 50 MG 59	hydromorphone hcl TABS 2 MG, 4 MG 6
HIZENTRA SOLN 91	hydrocodone bitartrate-homatropine methylbromide SOLN 47	hydromorphone hcl TABS 8 MG 6
HIZENTRA SOSY 91	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 7	hydroxychloroquine sulfate 200 MG 29
homatropine hbr 88	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 7	hydroxyprogesterone caproate (antineoplastic) 32
HULIO AJKT 4	HYDROCORT LOTION COMPLETEKIT THPK 53	hydroxyprogesterone caproate OIL 93
HULIO PSKT 4	hydrocortisone (intrarectal) 8	hydroxyurea 35
HUMALOG KWIKPEN SOPN 100 UNIT/ML 20	hydrocortisone (rectal) EX 1 % 9	hydroxyzine hcl SYRP 10
HUMALOG SOLN IJ 20	hydrocortisone (rectal) EX 2.5 % ... 9	hydroxyzine hcl TABS 10
HUMATE-P SOLR 65	hydrocortisone (topical) CREA 0.5 % 53	hydroxyzine pamoate CAPS 10
HUMATROPE CART IJ 60	hydrocortisone (topical) CREA 1 % 53	HYMOVIS 85
HUMULIN 70/30 KWIKPEN SUPN 20	hydrocortisone (topical) CREA 2.5 % 53	hyoscyamine sulfate ELIX 97
HUMULIN 70/30 SUSP 20		HYOSCYAMINE SULFATE POWD 97
HUMULIN N KWIKPEN SUPN 20		hyoscyamine sulfate SOLN OR 0.125 MG/ML 97
HUMULIN N SUSP 20		hyoscyamine sulfate SUBL 0.125 MG 97
HUMULIN R SOLN IJ 20		
HYALGAN SOLN 85		

hyoscyamine sulfate TABS 0.125 MG.....97	IDHIFA .....34	INCRELEX 61
hyoscyamine sulfate TB12 0.375 MG 97	IFE-BIMIX 30/1 SOLN 43	INCRUSE ELLIPTA 10
hyoscyamine sulfate TBDP 0.125 MG.....97	IHEALTH BLOOD GLUCOSE TEST STRIPS STRP 58	indapamide TABS 1.25 MG, 2.5 MG . 59
HYPERHEP B SOLN IM .....91	IHEALTH COVID-19 ANTIGENRAPID TEST KIT .....58	INDERAL LA CP24 (Use propranolol hcl) 42
HYPERRHO S/D MINI-DOSE SOSY IM .....91	ILARIS SOLN 4	INDICAID COVID-19 RAPID ANTIGEN AT-HOME TEST KIT ...58
HYPERRHO S/D SOSY IM 1500 UNIT .....91	ILUMYA .....52	INDOCIN SUSP (Use indomethacin) . 4
HYQVIA 92	ILUVIEN .....89	INDOMETHACIN 4
HYRIMOZ SOAJ 40 MG/0.4ML ....4	imatinib mesylate .....34	indomethacin CAPS 25 MG, 50 MG 4
HYRIMOZ SOSY 40 MG/0.4ML 4	IMBRUVICA CAPS 34	indomethacin SUPP .....4
HYRONAN KIT .....85	IMBRUVICA TABS .....34	indomethacin SUSP .....4
HY-VEE GLUCOSE 19	IMCIVREE 1	INFANRIX .....96
HYZAAR (Use losartan potassium & hydrochlorothiazide) 27	IMFINZI .....31	INFANTS ADVIL SUSP (Use ibuprofen) 4
ibandronate sodium SOLN .....60	imipramine hcl TABS .....18	INFANTS SILAPAP SOLN OR .....6
IBRANCE CAPS .....34	imiquimod 5 % 54	INLYTA .....31
IBRANCE TABS 34	IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan) .....77	INNOSPIRE REPLACEMENT FILTER MISC .....74
ibuprofen CHEW 4	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate) .....77	INQOVI .....33
ibuprofen lysine .....4	IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate) .....77	INREBIC .....34
ibuprofen SUSP 100 MG/5ML 4	IMITREX TABS (Use sumatriptan succinate) .....77	INSULIN ASPART FLEXPEN SOPN . 20
ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML .....4	IMLYGIC .....36	INSULIN ASPART PENFILL SOCT 20
ibuprofen TABS 200 MG .....4	IMODIUM A-D CAPS (Use loperamide hcl) .....22	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN .....20
ibuprofen TABS 400 MG, 600 MG, 800 MG .....4	IMODIUM A-D TABS (Use loperamide hcl) .....22	INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP .....20
icatibant acetate SOLN .....65	IMOVAX RABIES (H.D.C.V.) SUSR 99	INSULIN ASPART SOLN IJ 20
icatibant acetate SOSY .....65	IMURAN TABS (Use azathioprine) 80	
ICLUSIG .....34		
IDELVION .....65		

INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	20	INVEGA HAFYERA	37	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	50
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	20	INVEGA SUSTENNA	37	ISTODAX SOLR (Use romidepsin)	34
INSULIN DEGLUDEC SOLN	20	INVEGA TRINZA	37	ISTURISA	59
INSULIN GLARGINE-YFGN SOLN 20		IOPIDINE	88	ITCH RELIEF CREA	51
INSULIN GLARGINE-YFGN SOPN 20		IPOL INACTIVATED IPV	99	itraconazole CAPS	23
INSULIN LISPRO JUNIOR KWIKPEN SOPN	20	ipratropium bromide (nasal) 0.03 % 85		IXEMPRA KIT	36
INSULIN LISPRO KWIKPEN SOPN . 20		ipratropium bromide (nasal) 0.06 % 85		IXIARO	99
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	20	ipratropium bromide SOLN 0.02 % 10		IXINITY SOLR	65
INSULIN LISPRO SOLN IJ	20	ipratropium-albuterol SOLN	12	JADENU SPRINKLE PACK (Use deferasirox)	22
INSULIN SYRINGES	72	irbesartan	26	JADENU TABS (Use deferasirox) .	22
INSULIN SYRINGES-MISC	72	irbesartan-hydrochlorothiazide ...	27	JAKAFI	34
INSUPEN 31G X 5MM	72	IRESSA (Use gefitinib)	32	JANSSEN COVID-19 VACCINE ..	99
INSUPEN 31G X 8MM	72	irinotecan hcl	36	JEMPERLI	31
INSUPEN 32G X 4MM	72	IRON CHEWS PEDIATRIC CHEW 67		JEVTANA	36
INTELENCE 100 MG (Use etravirine)	39	IRON TABS 28 MG	67	JIVI	65
INTELENCE 200 MG (Use etravirine)	39	ISENTRESS CHEW 100 MG	39	JULUCA	39
INTELENCE 25 MG	39	ISENTRESS CHEW 25 MG	39	JUXTAPID 5 MG, 10 MG, 20 MG, 30 MG	25
INTELISWAB COVID-19 RAPID TEST KIT	58	ISENTRESS HD TABS	39	JYNARQUE TABS	62
INTRON A SOLR 10000000 UNIT	35	ISENTRESS PACK	39	JYNARQUE TBPK	62
INTUNIV (Use guanfacine hcl (adhd))	1	ISENTRESS TABS	39	JYNNEOS	99
INVANZ IJ (Use ertapenem sodium) . 28		isoniazid SYRP	29	KADCYLA	31
		isoniazid TABS	29	KALBITOR	66
		ISOPTO ATROPINE SOLN	88	KALETRA SOLN (Use lopinavir- ritonavir)	39
		ISORDIL TITRADOSE TABS 5 MG (Use isosorbide dinitrate)	9	KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	39
		isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	9	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	39
		isosorbide mononitrate TABS	9	KALYDECO PACK 13.4 MG, 25 MG,	
		isosorbide mononitrate TB24	9		

50 MG, 75 MG	95	ketorolac tromethamine (ophth) 0.5 %	90	KOGENATE FS KIT	65
KALYDECO PACK 5.8 MG	96	ketorolac tromethamine SOLN IJ 15 MG/ML, 30 MG/ML	4	KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE MISC	74
KALYDECO TABS	96	KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	5	KOMBIGLYZE XR (Use saxagliptin-metformin hcl)	18
KANJINTI 420 MG	31	ketorolac tromethamine TABS	5	KORLYM (Use mifepristone (hyperglycemia))	19
KANUMA	61	KETOSTIX STRP	58	KOSELUGO	34
KAPVAY TB12 (Use clonidine hcl (adhd))	1	ketotifen fumarate (ophth) 0.035 % 90		KOVALTRY	65
KAZANO (Use alogliptin-metformin hcl)	18	KEVEYIS (Use dichlorphenamide) 59		K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) ..	79
KCENTRA	65	KEY-E CHEW	102	KRINTAFEL	29
KEMOPLAT SOLN	30	KEYTRUDA	31	KROGER GLUCOSE	19
KEPIVANCE 5.16 MG	35	KHAPZORY	35	KRYSTEXXA	65
KEPIVANCE 6.25 MG	35	KIMMTRAK	31	K-TAB TBCR 10 MEQ (Use potassium chloride)	79
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	13	KINDERLYTE PREMAX SOLN	79	KUVAN PACK (Use sapropterin dihydrochloride)	61
KEPPRA TABS 1000 MG (Use levetiracetam)	13	KINDERLYTE SOLN	79	KUVAN TABS (Use sapropterin dihydrochloride)	61
KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	13	KINERET SOSY	4	KYPROLIS	34
KEPPRA TABS 500 MG (Use levetiracetam)	13	KINRIX SUSY	96	labetalol hcl TABS 100 MG	42
KEPPRA XR TB24 (Use levetiracetam)	13	KISQALI	34	labetalol hcl TABS 200 MG	41
KERALYT GEL (Use salicylic acid) 54		KISQALI FEMARA 200 DOSE	33	labetalol hcl TABS 300 MG	42
KERALYT GEL	54	KISQALI FEMARA 400 DOSE	33	lactic acid (ammonium lactate) CREA	54
KESIMPTA	95	KISQALI FEMARA 600 DOSE	33	lactic acid (ammonium lactate) LOTN 12 %	54
ketoconazole (topical) CREA	51	KITABIS PAK NEBU (Use tobramycin)	2	lactulose (encephalopathy)	64
ketoconazole (topical) SHAM 2 %	51	KLARON (Use sulfacetamide sodium (acne))	50	lactulose SOLN	69
KETONE STRP	58	KLONOPIN TABS (Use clonazepam)	13	LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use	
KETONE TEST STRIPS STRP	58	KOATE SOLR	65		
ketorolac tromethamine (ophth) 0.4 %	90	KOATE-DVI SOLR 500 UNIT, 1000 UNIT	65		

lamotrigine) .....13	LATUDA (Use lurasidone hcl) ....37	MG 14
LAMICTAL TABS (Use lamotrigine) 13	LEADER GLUCOSE 6 MG-4 GM ..19	levetiracetam TABS 500 MG 14
LAMICTAL XR TB24 (Use lamotrigine) .....13	LEADER QUICK DISSOLVE GLUCOSE CHEW 19	levetiracetam TB24 14
LAMISIL AT CREA (Use terbinafine hcl (topical)) .....51	leflunomide .....5	levobunolol hcl 0.5 % 88
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical)) .....51	lenalidomide .....80	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML .....61
lamivudine SOLN 39	LENVIMA 10 MG DAILY DOSE ...31	levocarnitine (metabolic modifiers) TABs .....61
lamivudine TABS 150 MG 39	LENVIMA 12MG DAILY DOSE ...31	levocetirizine dihydrochloride TABS 24
lamivudine TABS 300 MG 39	LENVIMA 14 MG DAILY DOSE ...31	levofloxacin TABS 63
lamivudine-zidovudine .....39	LENVIMA 18 MG DAILY DOSE ...31	levoleucovorin calcium SOLN 250 MG/25ML 35
lamotrigine CHEW 13	LENVIMA 20 MG DAILY DOSE ...31	levoleucovorin calcium SOLR 35
lamotrigine TABS 13	LENVIMA 24 MG DAILY DOSE ...31	levonorgestrel & eth estradiol TABS 45
lamotrigine TB24 .....13	LENVIMA 4 MG DAILY DOSE ...31	levonorgestrel (emergency oc) 1.5 MG 45
LANCETS-MISC .....71	LENVIMA 8 MG DAILY DOSE ...31	levonorgestrel-eth estradiol (triphasic) .....45
LANCING DEVICE-MISC 71	LEQVIO .....25	levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 45
lanolin (topical) CREA 55	LETAIRIS (Use ambrisentan) .....44	levothyroxine sodium TABS 96
lanolin (topical) OINT 55	letrozole 32	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate) 97
lanolin XX .....93	leucovorin calcium TABS 35	LEVULAN KERASTICK SOLR 51
LANOLIN XX .....93	LEUKERAN .....30	LEXAPRO TABS 10 MG (Use escitalopram oxalate) 17
LANOLOR CREA .....55	LEUKINE SOLR IJ .....67	LEXAPRO TABS 20 MG (Use escitalopram oxalate) 16
LANOXIN SOLN IJ (Use digoxin) .43	leuprolide acetate KIT IJ 1 MG/0.2ML.....32	LEXAPRO TABS 5 MG (Use escitalopram oxalate) 16
LANOXIN TABS 125 MCG, 250 MCG (Use digoxin) .....43	LEUPROLIDE ACETATE/BUPIVACAINE HYDROCHLORIDE 32	LEXIVA SUSP 39
lansoprazole CPDR 15 MG .....98	levalbuterol tartrate .....12	LEXIVA TABS (Use fosamprenavir
lansoprazole CPDR 30 MG .....98	LEVBID TB12 (Use hyoscyamine sulfate) 97	
lapatinib ditosylate .....34	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML 13	
LASIX TABS (Use furosemide) ....59	levetiracetam TABS 1000 MG .....14	
latanoprost SOLN .....90	levetiracetam TABS 250 MG, 750	
LATANOPROST SOLN .....90		

calcium)	39	lithium carbonate CAPS	36	loratadine SOLN	24
LIALDA TBEC (Use mesalamine) .	64	lithium carbonate TABS	36	loratadine TABS	24
LIBTAYO	31	lithium carbonate TBCR	36	loratadine TBDP 10 MG	24
LICEMD GEL	55	LITHOBID TBCR (Use lithium carbonate)	36	lorazepam TABS	10
lidocaine CREA 4 %	54	LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	85	LORBRENA	34
lidocaine hcl (mouth-throat) 2 % ...	81	LIVMARLI	63	losartan potassium & hydrochlorothiazide	27
lidocaine hcl CREA 3 %	54	LIVTENCITY	40	losartan potassium	26
lidocaine hcl CREA 4 %	54	LMX 4 CREA (Use lidocaine)	55	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	45
lidocaine hcl GEL 2 %	54	LODINE TABS (Use etodolac)	5	LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	25
lidocaine OINT	54	LODOSYN (Use carbidopa)	36	LOTENSIN 40 MG (Use benazepril hcl)	25
lidocaine-prilocaine CREA	55	LOHIST-D LIQD	48	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide) .	27
LIORESAL INTRATHECAL SOLN IT (Use baclofen)	85	LOMOTIL TABS (Use diphenoxylate w/ atropine)	22	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	27
LIORESAL INTRATHECAL SOLN IT 0.05 MG/ML, 10 MG/5ML	85	LONGS GLUCOSE	19	LOTRIMIN AF CREA (Use clotrimazole (topical))	51
liothyronine sodium TABS	96	LONSURF	33	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	51
LIPITOR TABS (Use atorvastatin calcium)	25	loperamide hcl CAPS	22	lovastatin TABS 10 MG, 20 MG ...	25
liraglutide	20	loperamide hcl TABS	22	lovastatin TABS 40 MG	25
lisdexamphetamine dimesylate CAPS 1		LOPID TABS (Use gemfibrozil) ...	25	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	12
lisinopril & hydrochlorothiazide 12.5 MG-10 MG, 12.5 MG-20 MG	27	lopinavir-ritonavir SOLN	39	LOVENOX SOSY (Use enoxaparin sodium)	12
lisinopril & hydrochlorothiazide 25 MG-20 MG	27	lopinavir-ritonavir TABS 25 MG-100 MG	39	loxapine succinate	37
lisinopril TABS 2.5 MG	25	lopinavir-ritonavir TABS 50 MG-200 MG	39	LUCENTIS SOLN 0.3 MG/0.05ML	88
lisinopril TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	25	LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	42	LUCENTIS SOSY	88
LITETOUCH MASK LARGE MISC 74		LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	42		
LITETOUCH MASK MEDIUM MISC . 74		loratadine & pseudoephedrine TB12 .	48		
LITETOUCH MASK SMALL MISC .74		loratadine & pseudoephedrine TB24 .	48		
lithium	36				

LUMAKRAS	34	magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG	79	meclizine hcl CHEW	23
LUMIZYME	61	MAGNESIUM OXIDE CAPS	79	meclizine hcl TABS 12.5 MG, 25 MG 23	
LUMOXITI	31	magnesium oxide TABS 400 MG ...	9	MEDROL DOSEPAK TBPK (Use methylprednisolone)	46
LUNG PERFORMANCE PEAK FLOW METER	74	MAGOX 400 TABS (Use magnesium oxide (mg supplement))	79	MEDROL TABS 4 MG, 8 MG (Use methylprednisolone)	46
LUPKYNIS	80	MAKENA OIL (Use hydroxyprogesterone caproate) ...	93	medroxyprogesterone acetate (contraceptive) SUSP IM	46
LUPRON DEPOT (1-MONTH) KIT IM	32	MAKENA SOAJ	93	medroxyprogesterone acetate (contraceptive) SUSY IM	46
LUPRON DEPOT (3-MONTH) KIT IM	32	malathion	55	medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	93
LUPRON DEPOT (4-MONTH) IM .	32	maraviroc TABS 150 MG	39	mefloquine hcl	29
LUPRON DEPOT (6-MONTH) IM .	32	maraviroc TABS 300 MG	39	megestrol acetate SUSP	32
LUPRON DEPOT-PED (1-MONTH) . 61		MARGENZA	31	megestrol acetate TABS	32
LUPRON DEPOT-PED (3-MONTH) . 61		MASK VORTEX/CHILD/FROG ...	74	MEIJER GLUCOSE	19
lurasidone hcl	37	MASK VORTEX/TODDLER/LADYBUG ..	74	MEKINIST TABS	34
LUXTURNA	89	MATULANE	35	MEKTOVI	34
LYNPARZA TABS	34	MAVYRET PACK	41	MELATONIN SUBL	2
LYSODREN	32	MAVYRET TABS	41	melatonin TABS 3 MG, 5 MG	2
LYSTEDA TABS (Use tranexamic acid)	67	MAXALT TABS 10 MG (Use rizatriptan benzoate)	77	melatonin TBDP 3 MG	2
MACI	84	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	77	meloxicam TABS	5
MACROBID (Use nitrofurantoin monohyd macro)	29	MAXITROL OINT (Use neomycin- polymy-dexameth)	89	melphalan	30
MACRODANTIN 50 MG, 100 MG (Use nitrofurantoin macrocrystal) ..	29	MAXITROL SUSP (Use neomycin- polymy-dexameth)	89	melphalan hcl IV	30
MAGNESIUM CAPS 400 MG	79	MAXI-TUSS PE LIQD	48	memantine hcl SOLN	94
magnesium citrate	69	MAXI-TUSS PE MAX LIQD	48	memantine hcl TABS	94
MAGNESIUM EXTRA STRENGTH CAPS	79	MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	59	MENACTRA	98
magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	69	MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	59	MENOPUR SC	60
				MENQUADFI	98
				MENVEO SOLN	99
				MENVEO SOLR	99

meperidine hcl SOLN OR 50 MG/5ML	7	methadone hcl TABS 5 MG	7	methylphenidate hcl TB24 36 MG ..	2
meperidine hcl TABS 50 MG	7	methazolamide TABS	59	methylphenidate hcl TBCR 10 MG, 20 MG, 36 MG	2
MEPHYTON TABS (Use phytonadione)	102	methenamine mandelate 0.5 GM, 1 GM	29	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	2
meprobamate	10	methenamine-hyosc-methylene blue- sod phos-phenyl sal TABS 10.8 MG- 81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG- 40.8 MG	28	methylprednisolone TABS 4 MG, 8 MG	46
MEPSEVII	61	methimazole TABS	96	methylprednisolone TBPK	46
mercaptapurine TABS	30	METHITEST TABS	8	metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML	63
mesalamine CP24	64	methocarbamol TABS 500 MG, 750 MG	85	metoclopramide hcl TABS	63
mesalamine CPDR	64	METHOTREXATE	3	metolazone	59
mesalamine ENEM	64	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	30	metoprolol & hydrochlorothiazide TABS 25 MG-100 MG, 25 MG-50 MG	27
mesalamine TBEC	64	methotrexate sodium TABS 2.5 MG 30		metoprolol & hydrochlorothiazide TABS 50 MG-100 MG	27
mesna SOLN	35	methyldopa TABS	26	metoprolol succinate TB24 200 MG 42	
MESNEX SOLN (Use mesna)	35	methylergonovine maleate TABS ..	91	metoprolol succinate TB24 25 MG, 50 MG, 100 MG	42
MESNEX TABS	35	METHYLIN SOLN 10 MG/5ML (Use methylphenidate hcl)	2	metoprolol tartrate TABS 100 MG ..	42
MESTINON TABS (Use pyridostigmine bromide)	29	METHYLIN SOLN 5 MG/5ML (Use methylphenidate hcl)	2	metoprolol tartrate TABS 25 MG, 50 MG	42
MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	29	methylphenidate hcl CPCR	2	METROCREAM CREA (Use metronidazole (topical))	55
METADATE CD CPCR (Use methylphenidate hcl)	2	methylphenidate hcl SOLN 10 MG/5ML	2	METROLOTION LOTN (Use metronidazole (topical))	55
METAMUCIL FREE & NATURAL POWD (Use psyllium)	68	methylphenidate hcl SOLN 5 MG/5ML	2	metronidazole (topical) CREA	55
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium)	68	methylphenidate hcl TABS 10 MG, 20 MG	2	metronidazole (topical) GEL 0.75 % 55	
METAMUCIL POWD (Use psyllium) . 68		methylphenidate hcl TABS 5 MG ...	2	metronidazole (topical) LOTN	55
metformin hcl TABS 500 MG	18	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	2	metronidazole TABS	28
metformin hcl TABS 850 MG, 1000 MG	18			metronidazole vaginal	101
metformin hcl TB24 500 MG	18				
metformin hcl TB24 750 MG	18				
methadone hcl TABS 10 MG	7				

metyrosine	26	MINIPRESS CAPS (Use prazosin hcl)	26	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 3X3CM/MESHED	56
mexiletine hcl	10	MINIVELLE PTTW (Use estradiol)	63	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 5X5CM/MESHED	56
MIACALCIN IJ (Use calcitonin (salmon))	60	minocycline hcl CAPS	96	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X15CM/MESH	56
MICARDIS (Use telmisartan)	26	minoxidil 10 MG	28	MIRODERM FENESTRATED PLUS BIOLOGIC WOUND MATRIX 8X8CM/MESHED	56
MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	27	minoxidil 2.5 MG	28	mirtazapine TABS 15 MG	15
MICATIN CREA (Use miconazole nitrate (topical))	51	MIRALAX POWD (Use polyethylene glycol 3350)	69	mirtazapine TABS 30 MG	15
miconazole nitrate (topical) CREA	51	MIRCERA	67	mirtazapine TABS 7.5 MG, 45 MG	15
miconazole nitrate vaginal CREA	101	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic))	45	mirtazapine TBDP 15 MG	15
miconazole nitrate vaginal KIT	101	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X2CM	56	mirtazapine TBDP 30 MG	15
miconazole nitrate vaginal SUPP MG	101	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 2X3CM	56	mirtazapine TBDP 45 MG	15
miconazole nitrate vaginal SUPP 200 MG	101	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X3CM	56	misoprostol	98
MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	91	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 3X7CM	56	mitoxantrone hcl 2 MG/ML	33
MICROLIFE DIGITAL PEAK FLOW METER	74	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	56	MM BLOOD GLUCOSE MONITORING SYSTEM KIT	71
midazolam hcl SOLN IJ	68	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 4X4CM	56	MM BLULINK GLUCOSE TEST STRIPS STRP	58
midodrine hcl	102	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 5X5CM	56	M-M-R II SOLR	100
mifepristone (hyperglycemia)	19	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 7X10CM	56	MODERNA COVID-19 VACCINE SUSP	100
miglustat	66	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	56	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP .	100
MIGRANAL SOLN NA (Use dihydroergotamine mesylate)	77	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X15CM	56	MODERNA COVID-19 VACCINE/6MO-11Y/2024-25 SUSY .	100
MINI WRIGHT AFS PEAK FLOWMETER LOW RANGE	74	MIRODERM FENESTRATED BIOLOGIC WOUND MATRIX 8X8CM	56	MODERNA COVID-19	
MINI WRIGHT PEAK FLOW METER	74				
MINI WRIGHT PEAK FLOW METER STANDARD RANGE	75				
MINIELITE FILTER REPLACEMENTS MISC	75				

VACCINE/BIVALENT/6MO-5Y .. 100	MOTRIN INFANTS DROPS SUSP (Use ibuprofen) .....5	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG- 400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.5 MG-15 UNIT .. 83
MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5 100	MOUTH KOTE REMINT SOLN ... 81	MULTIVITAMIN ADULT TABS 82
MODERNA COVID-19 VACCINE6MO-5Y SUSP .....100	MOUTH KOTE SOLN 82	MULTIVITAMIN INFANT & TODDLER SOLN OR 84
MOI-STIR SOLN 81	moxifloxacin hcl (ophth) SOLN OP 89	MULTIVITAMIN INFANT/TODDLER SOLN OR 84
molindone hcl 38	MOZOBIL (Use plerixafor) 67	MULTIVITAMIN TABS 37.5 MG-0.1 MG-10 MCG-2 MG-20 MG-1500 MCG-1 MG-1.5 MG-28.5 MG 82
mometasone furoate CREA 53	MS CONTIN TBCR (Use morphine sulfate) 7	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 84
mometasone furoate OINT 53	MUCINEX D MAXIMUM STRENGTH TB12 (Use pseudoephedrine- guaifenesin) 48	MULTIVITAMIN WITH FLUORIDE CHEW 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-1.2 MG-10 MCG-6.75 MG-750 MCG-4.5 MCG-0.5 MG, 60 MG-0.3 MG-1.05 MG-13.5 MG-1.05 MG-4.5 MCG-1.2 MG-2500 UNIT- 400 UNIT-15 UNIT-0.5 MG 83
mometasone furoate SOLN 53	MUCINEX D TB12 (Use pseudoephedrine-guaifenesin) 48	MULTIVITAMIN WITH FLUORIDE CHEW 83
MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) . 101	MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) ... 48	MULTIVITAMIN WITH FLUORIDE SOLN 83
MONISTAT 3 CREA (Use miconazole nitrate vaginal) 101	MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin) 49	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG- 10 MG-0.25 MG-600 MCG-4.5 MCG- 230 MCG, 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG-10 MG-1 MG- 600 MCG-4.5 MCG-230 MCG 83
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal) . 101	MUCINEX TB12 (Use guaifenesin) 49	MULTI-VIT-FLOR CHEW 60 MG-1 MG-10 MG-1 MG-1.2 MG-10 MCG- 10 MG-0.5 MG-600 MCG-4.5 MCG- 230 MCG 83
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (Use hydrocortisone vaginal) 101	MULPLETA 67	MUPIROCIIN CALCIUM (topical) 50
MONJUVI 31	MULTI VITAMIN TABS 82	MUPIROCIIN OINT 50
MONOVISC 85	MULTI VITAMIN/D-3 TABS 82	MVASI 31
montelukast sodium CHEW 11	multiple vitamin TABS 82	
montelukast sodium PACK 11	multiple vitamins w/ iron TABS 82	
montelukast sodium TABS 11	MULTIPLE VITAMINS W/ MINERALS TABS 82	
morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML 7	MULTIPLE VITAMINS W/ MINERALS-VARIOUS 82	
morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML 7	MULTIVITAMIN + FLUORIDE CHEW 60 MG-1.05 MG-0.3 MG-1.05 MG- 400 UNIT-4.5 MCG-1.2 MG-13.5 MG-2500 UNIT-0.25 MG-15 UNIT, 60 MG-1.05 MG-0.3 MG-1.05 MG-400 UNIT-4.5 MCG-1.2 MG-13.5 MG- 2500 UNIT-1 MG-15 UNIT 83	
morphine sulfate SUPP 7		
morphine sulfate TABS 7		
morphine sulfate TBCR 7		
MOTRIN CHILDRENS CHEW (Use ibuprofen) 5		

MX-SOL BLEND SF SUSP	92	naloxone hcl SOCT	22	MISC	75
MX-SOL BLEND SUSP	92	naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	22	NEBULIZER MASK ADULT MISC .	75
MX-SOL SF SYRP	92	naloxone hcl SOSY 2 MG/2ML	22	NEBULIZER MASK CHILD MISC .	75
MX-SOL SUSPEND SUSP	93	naltrexone hcl	22	nefazodone hcl	17
MX-SOL SYRP	93	NAMENDA TABS (Use memantine hcl)	94	NEOMULTIVITE TABS	82
MYALEPT	61	NAMENDA TITRATION PAK TABS (Use memantine hcl)	94	neomycin sulfate TABS	2
MYAMBUTOL TABS 400 MG (Use ethambutol hcl)	29	naphazoline w/ pheniramine 0.315 %-0.027 %	89	neomycin-bacitracin zn-polymyxin	89
MYCOBUTIN (Use rifabutin)	29	NAPROSYN SUSP (Use naproxen) 5		neomycin-bacitracin-polymyxin OINT	50
mycophenolate mofetil CAPS	80	NAPROSYN TABS 500 MG (Use naproxen)	5	neomycin-polymy-dexameth OINT	89
mycophenolate mofetil SUSR	80	naproxen sodium TABS 220 MG ...	5	neomycin-polymy-dexameth SUSP	89
mycophenolate mofetil TABS	80	naproxen sodium TABS 275 MG, 550 MG	5	neomycin-polymyxin w/ pramoxine	50
mycophenolate sodium	80	naproxen SUSP	5	neomycin-polymyxin-gramicidin ...	89
MYDRIACYL SOLN (Use tropicamide)	88	naproxen TABS	5	neomycin-polymyxin-hc (ophth) ...	89
MYFORTIC (Use mycophenolate sodium)	80	naratriptan hcl	77	neomycin-polymyxin-hc (otic) SOLN .	91
MYLERAN TABS	30	NARCAN LIQD (Use naloxone hcl)	22	neomycin-polymyxin-hc (otic) SUSP .	91
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone)	63	NARDIL (Use phenelzine sulfate) .	16	NEOPROFEN (Use ibuprofen lysine)	5
MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	63	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	86	NEORAL CAPS (Use cyclosporine modified (for microemulsion))	80
MYLOTARG	31	NASALCROM (Use cromolyn sodium (nasal))	85	NEORAL SOLN (Use cyclosporine modified (for microemulsion))	80
MYSOLINE (Use primidone)	14	nateglinide	21	NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	50
NABI-HB SOLN IM	91	NATROBA (Use spinosad)	55	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	50
nabumetone	5	NATURAL FIBER LAXATIVE POWD	68	NERLYNX	34
nadolol TABS 20 MG, 40 MG, 80 MG	42	NAYZILAM	13	NESINA (Use alogliptin benzoate)	
NAGLAZYME	61	NEBULIZER AIR TUBE/PLUGS			
NALFON CAPS (Use fenoprofen calcium)	5				
naloxone hcl LIQD	22				

20	NIASPAN TBCR 1000 MG (Use	nitrofurantoin monohyd macro	29
NEUPOGEN SOLN	niacin (antihyperlipidemic))	nitroglycerin CPCR	9
NEUPOGEN SOSY	nicardipine hcl CAPS	nitroglycerin PT24	9
NEURONTIN CAPS (Use	NICODERM CQ PT24 TD (Use	nitroglycerin SUBL	9
gabapentin)	nicotine)	NITROSTAT SUBL (Use	
NEURONTIN SOLN (Use	NICORETTE GUM (Use nicotine	nitroglycerin)	9
gabapentin)	polacrilex)	NITYR TABS	61
NEURONTIN TABS 600 MG (Use	NICORETTE LOZG (Use nicotine	NIVA THYROID TABS	96
gabapentin)	polacrilex)	NIVESTYM SOLN	67
NEURONTIN TABS 800 MG (Use	NICORETTE MINI LOZG (Use	NIVESTYM SOSY	67
gabapentin)	nicotine polacrilex)	NIX CREME RINSE LIQD EX (Use	
NEUTROGENA T/GEL SHAM 0.5 %	NICORETTE STARTER KIT GUM	permethrin)	55
(Use coal tar extract)	(Use nicotine polacrilex)	NIZORAL SHAM	51
nevirapine SUSP	nicotine MISC XX	NORDITROPIN FLEXPPO SOPN	60
nevirapine TABS	nicotine polacrilex GUM	norelgestromin-ethinyl estradiol	45
nevirapine TB24 100 MG	nicotine polacrilex LOZG	norethin acet & estrad-fe TABS 1	
nevirapine TB24 400 MG	nicotine PT24 TD 7 MG/24HR, 14	MG-20 MCG-75 MG, 1.5 MG-30	
NEXAVAR (Use sorafenib tosylate)	MG/24HR, 21 MG/24HR	MCG-75 MG	45
34	NICOTINE TRANSDERMAL	norethindrone & eth estradiol	45
NEXIUM 24HR CLEAR MINIS CPDR	SYSTEM KIT	norethindrone & ethinyl estradiol-fe	
(Use esomeprazole magnesium)	NICOTROL INHALER INHA	45	
NEXIUM 24HR CPDR (Use	NICOTROL NS SOLN	norethindrone (contraceptive)	46
esomeprazole magnesium)	nifedipine CAPS	norethindrone acet & eth estra TABS	
NEXIUM CPDR 20 MG (Use	nifedipine TB24 30 MG, 90 MG	45	
esomeprazole magnesium)	nifedipine TB24 60 MG	norethindrone acetate TABS	93
NEXVIAZYME	NINLARO	norethindrone acetate-ethinyl	
niacin (antihyperlipidemic) TABS	nitisinone CAPS	estradiol	62
niacin (antihyperlipidemic) TBCR	NITRO-BID OINT	norethindrone acetate-ethinyl	
niacin CPCR 250 MG, 500 MG	NITRO-DUR PT24 (Use nitroglycerin)	estradiol-fe	45
niacin TABS 500 MG		norethindrone-eth estradiol (triphasic)	
niacin TBCR	nitrofurantoin	45	
NIACIN TR CPCR	nitrofurantoin macrocrystal 50 MG,	norgestimate-ethinyl estradiol	
NIACIN TR TBCR	100 MG	(triphasic)	45

norgestimate-ethinyl estradiol	45	NOVOLIN 70/30 SUSP	21	NUVARING (Use etonogestrel-ethinyl estradiol)	45
norgestrel & ethinyl estradiol 30 MCG-0.3 MG	45	NOVOLIN N FLEXPEN RELION SUPN	21	NUWIQ KIT	65
NORPACE CAPS (Use disopyramide phosphate)	10	NOVOLIN N FLEXPEN SUPN	21	NUWIQ SOLR	65
NORPACE CR CP12 150 MG	10	NOVOLIN N RELION SUSP	21	NYSTATIN (Use nystatin (mouth-throat))	81
NORPRAMIN TABS 10 MG (Use desipramine hcl)	18	NOVOLIN N SUSP	21	nystatin (mouth-throat)	81
NORPRAMIN TABS 25 MG (Use desipramine hcl)	18	NOVOLIN R RELION SOLN IJ	21	nystatin (topical) CREA	51
NORTHERA (Use droxidopa)	102	NOVOLIN R SOLN IJ	21	nystatin (topical) OINT	51
nortriptyline hcl CAPS	18	NOVOLOG FLEXPEN RELION SOPN	21	nystatin (topical) POWD EX	51
nortriptyline hcl SOLN	18	NOVOLOG FLEXPEN SOPN	21	nystatin TABS	23
NORVASC TABS (Use amlodipine besylate)	43	NOVOLOG FLEXPEN MIX 70/30 PREFILLED FLEXPEN RELION SUPN	21	nystatin-triamcinolone CREA	51
NORVIR CAPS	39	NOVOLOG MIX 70/30 RELION SUSP	21	nystatin-triamcinolone OINT	51
NORVIR SOLN	39	NOVOLOG MIX 70/30 SUSP	21	NYVEPRIA	67
NORVIR TABS (Use ritonavir)	39	NOVOLOG MIX 70/30 SUSP	21	OASIS ULTRA TRI-LAYER MATRIX FENESTRATED	56
NOSE CLIP MISC	75	NOVOLOG PENFILL SOCT	21	OASIS WOUND MATRIX	56
NOVA MAX PLUS KETONE TESTSTRIPS	58	NOVOLOG RELION SOLN IJ	21	OBIZUR	65
NOVACHOR	56	NOVOLOG SOLN IJ	21	OCALIVA	63
NOVAREL IM 5000 UNIT	60	NOVOSEVEN RT	65	OCTAGAM SOLN 5 GM/50ML	91
NOVAVAX COVID-19 VACCINE SUSP	100	NP THYROID 120 TABS	96	OCTAGAM SOLN	91
NOVAVAX COVID-19 VACCINE/2023-24 SUSP	100	NP THYROID 15 TABS	96	octreotide acetate KIT 20 MG, 30 MG	62
NOVAVAX COVID-19 VACCINE/2024-25 SUSY	100	NP THYROID 30 TABS	96	octreotide acetate SOLN	62
NOVOLIN 70/30 FLEXPEN RELION SUPN	20	NP THYROID 60 TABS	96	OCUFLOX (Use ofloxacin (ophth))	89
NOVOLIN 70/30 FLEXPEN SUPN	20	NP THYROID 90 TABS	96	ODEFSEY	39
NOVOLIN 70/30 RELION SUSP	20	NUBEQA	32	ODOMZO	32
		NULIBRY	61	OFEV	96
		NULOJIX	80	OFF DEEP WOODS AERO	55
		NUMOISYN LIQD	82	OFF DEEP WOODS DRY AERO	55
		NUPLAZID CAPS	37	ofloxacin (ophth)	89
		NUPLAZID TABS 10 MG	37		

ofloxacin (otic)	90	ondansetron TBDP 4 MG, 8 MG ...	22	OPDIVO	31
ofloxacin 400 MG	63	ONE DAILY ESSENTIAL TABS ...	82	OPDUALAG	33
OGIVRI	31	ONE DAILY ESSENTIALS TABS .	82	OPILL	46
OHC COVID-19 ANTIGEN SELF TEST KIT	58	ONE FLOW TESTER TUBE		ORA-BLEND SF SUSP	93
olanzapine TABS 15 MG, 20 MG ...	37	MOUTHPIECE MISC	75	ORA-BLEND SUSP	93
olanzapine TABS 2.5 MG, 5 MG ...	37	ONE VITE DAILY MULTIVITAMIN TABs	82	oral electrolytes SOLN	79
olanzapine TABS 7.5 MG, 10 MG .	37	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin)	82	ORAL MIX FLAVORED SUSPENDING VEHICLE SUSP ...	93
olmesartan medoxomil	26	ONE-A-DAY MENS TABS (Use multiple vitamin)	82	ORAL MIX SF SUSP	93
olmesartan medoxomil-amlodipine- hydrochlorothiazide	27	ONETOUCH SOLUTIONS FIT KIT 71		ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT SOLN	82
olmesartan medoxomil- hydrochlorothiazide	27	ONETOUCH ULTRA 2 KIT	71	ORAL SUSPEND LIQD	93
OMBRA COMPRESSOR AIR FILTERS MISC	75	ONETOUCH ULTRA BLUE TESTSTRIP STRP	58	ORAL SYRUP FLAVORED VEHICLE SYRP	93
omega-3 fatty acids CAPS	87	ONETOUCH ULTRA STRP	58	ORAL SYRUP SF SYRP	93
omega-3 fatty acids CPDR	87	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	71	ORALYTE SOLN	79
OMEPRAZOLE	45	ONETOUCH VERIO REFLECT KIT 71		ORAPENN SD ANHYDROUS SWEETENED LIQD	93
OMEPRAZOLE 20MG TABLET ...	98	ONETOUCH VERIO TEST STRIPS STRP	58	ORAPENN SD ANHYDROUS UNSWEETENED LIQD	93
omeprazole CPDR	98	ONE-WAY VALVED EXPIRATORY MOUTHPIECE/DISPO SABLE MISC	75	ORA-PLUS LIQD	93
omeprazole magnesium TBEC	98	ONGLYZA (Use saxagliptin hcl) ..	20	ORA-SWEET SF SYRP 10 %-9 %	93
OMNICAP TABS	82	ONPATTRO	95	ORA-SWEET SYRP 4 %-5 %-54 %	93
ON/GO COVID-19 ANTIGEN SELF- TEST KIT	58	ONUREG TABS	30	ORENCIA CLICKJECT SOAJ	5
ON/GO ONE COVID-19 ANTIGEN HOME TEST KIT	58	OPCON-A (Use naphazoline w/ pheniramine)	89	ORENCIA SOLR	5
ONCASPAR	35			ORENCIA SOSY	5
ondansetron hcl SOLN OR 4 MG/5ML	22			ORENITRAM TBCR	43
ondansetron hcl TABS 24 MG	22			ORFADIN CAPS (Use nitisinone) .	61
ondansetron hcl TABS 4 MG, 8 MG 22				ORFADIN SUSP	61
ondansetron TBDP 16 MG	22			ORGOVYX	32

ORKAMBI PACK	96	OXLUMO	64	PANDA MASK MEDIUM	75
ORKAMBI TABS	96	oxybutynin chloride TABS	98	PANDA MASK SMALL	75
ORLADEYO	66	oxybutynin chloride TB24	98	PANHEMATIN 350 MG	66
orphenadrine citrate TB12	85	oxycodone hcl CAPS	7	pantoprazole sodium TBEC 20 MG	98
ORTHOVISC	85	oxycodone hcl CONC 100 MG/5ML	7	pantoprazole sodium TBEC 40 MG	98
oseltamivir phosphate CAPS 30 MG	41	oxycodone hcl SOLN	7	PANZYGA	91
oseltamivir phosphate CAPS 45 MG,	41	oxycodone hcl T12A 10 MG, 20 MG,	7	PARI ALTERA NEBULIZER	
75 MG	41	40 MG, 80 MG	7	HANDSET MISC	75
oseltamivir phosphate SUSR	41	oxycodone hcl TABS 30 MG	7	PARI BABY CONVERSION KITSIZE	
OSENI 15 MG-25 MG, 30 MG-12.5		oxycodone hcl TABS 5 MG, 10 MG,	7	1 MISC	75
MG, 30 MG-25 MG, 45 MG-25 MG		15 MG, 20 MG	7	PARI BABY CONVERSION KITSIZE	
(Use alogliptin-pioglitazone)	18	oxycodone w/ acetaminophen SOLN	8	2 MISC	75
OSTEOCONDUCTIVE MATRIX		8		PARI BABY CONVERSION KITSIZE	
PLUS	56	oxycodone w/ acetaminophen TABS		3 MISC	75
OTEZLA TABS	5	325 MG-10 MG, 325 MG-5 MG, 325		PARI BUBBLES PEDIATRIC	
OTEZLA TBPK	5	MG-7.5 MG	8	AEROSOL MASK MISC	75
OTREXUP SOAJ 10 MG/0.4ML, 12.5		OXYCONTIN T12A	7	PARI ERAPID NEBULIZER	
MG/0.4ML, 15 MG/0.4ML, 17.5		oyster shell	78	HANDSET MISC	75
MG/0.4ML, 20 MG/0.4ML, 22.5		OYSTER SHELL CALCIUM/D TABS		PARI EXPIRATORY FILTER VALVE	
MG/0.4ML, 25 MG/0.4ML	3	78		SET DEVI	75
OVACE PLUS WASH LIQD (Use		OZURDEX IMPL	89	PARI MASK SET MISC	75
sulfacetamide sodium)	52	paclitaxel protein-bound particles	36	PARI SMARTMASK BABY/ELBOW	
OVACE WASH LIQD (Use		PACLITAXEL PROTEIN-		MISC	75
sulfacetamide sodium)	52	BOUNDPARTICLES	36	PARI SOFT PLASTIC ADULT MASK	
OVIDE (Use malathion)	55	PADCEV	31	MISC	75
OVIDREL SOSY SC 250		PALYNZIQ	61	PARI SOFT PLASTIC PEDIATRIC	
MCG/0.5ML	60	PAMELOR CAPS (Use nortriptyline		MASK MISC	75
OXAYDO TABS 5 MG	7	hcl)	18	PARI VORTEX ADULT MASK	75
oxazepam CAPS	10	pamidronate disodium SOLN 30			
OXBRYTA TABS 500 MG	66	MG/10ML, 90 MG/10ML	60	paricalcitol SOLN	61
OXBRYTA TBSO	66	PAMIDRONATE DISODIUM SOLN		PARLODEL CAPS (Use	
oxcarbazepine SUSP	14	60		bromocriptine mesylate)	36
oxcarbazepine TABS	14	PANDA MASK LARGE	75	PARLODEL TABS (Use	
				bromocriptine mesylate)	36

PARNATE (Use tranylcypromine sulfate)	16	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	79	PEMETREXED 500 MG/20ML	30
paroxetine hcl SUSP	17	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	79	pemetrexed disodium SOLR 100 MG, 500 MG	30
paroxetine hcl TABS 10 MG	17	PEDIALYTE IMMUNE SUPPORT SOLN	79	PEMFEXY	30
paroxetine hcl TABS 20 MG	17	PEDIALYTE SINGLES SOLN (Use oral electrolytes)	79	PEN NEEDLES 30GX5MM	72
paroxetine hcl TABS 30 MG, 40 MG . 17		PEDIALYTE SOLN (Use oral electrolytes)	79	PEN NEEDLES 31G X 8MM	72
paroxetine hcl TB24	17	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	46	PEN NEEDLES 31GX5MM	72
PARSABIV	61	PEDIARIX SUSY	96	PEN NEEDLES 31GX8MM	72
PARVA-CAL	78	PEDIATRIC DISPOSABLE MOUTPIECE MISC	75	PEN NEEDLES 32G X 4MM	72
PAXIL CR TB24 (Use paroxetine hcl)	17	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC . 75		PEN NEEDLES 32GX4MM	72
PAXIL SUSP (Use paroxetine hcl) .17		PEDIATRIC MULTIPLE VITAMINS W/ MINERALS-VARIOUS	83	PENBRAYA	99
PAXIL TABS 10 MG (Use paroxetine hcl)	17	pediatric multivitamins w/fl CHEW .83		penicillamine TABS	80
PAXIL TABS 20 MG (Use paroxetine hcl)	17	pediatric multivitamins w/fl CHEW .84		penicillin v potassium SOLR	92
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	17	pediatric multivitamins w/fl SOLN .84		penicillin v potassium TABS	92
PAXLOVID 100 MG-150 MG	40	PEDIATRIC PANDA MASK	75	PENTACEL	96
pazopanib hcl	34	pediatric vitamins acd w/ fluoride SOLN	84	pentoxifylline	66
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	84	PEDVAX HIB SUSP	99	PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	97
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	84	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	68	PEPCID AC TABS 10 MG (Use famotidine)	97
PCCA SWEET-SF SYRP	93	peg 3350-potassium chloride-sod bicarbonate-sod chloride	68	PEPCID AC TABS 20 MG (Use famotidine)	97
PCCA SYRUP VEHICLE SYRP ...	93	PEGASYS SOLN	41	PEPCID TABS (Use famotidine) ..	97
PCCA-PLUS SUSP	93	PEG-PREP	68	PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	22
PEAK A-I-R FLOW METER	75	PEMAZYRE	34	PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 21	
PEAK AIR PEAK FLOW METERADULT/PEDIATRIC	75			PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	21
ped multivitamins w/fl & iron SOLN 83				PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	8
				PERIDEX (Use chlorhexidine	

gluconate (mouth-throat)) .....81	PFLEX MISC .....76	PIFELTRO .....39
PERJETA .....31	PH 12 STERILE DILUENT FORFLOLAN .....93	PIKO 1 ELECTRONIC 76
permethrin CREA .....55	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER	PILLOW MASK/ADULT MISC .....76
permethrin LIQD EX .....55	CHAMBER MASK WIPES MISC ..76	PILLOW MASK/CHILD MISC .....76
perphenazine TABS .....38	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG .....64	PILLOW MASK/PEDIATRIC MISC 76
perphenazine-amitriptyline .....94	phenelzine sulfate .....16	pilocarpine hcl (oral) 5 MG .....82
PERSERIS PRSY .....37	phenobarbital ELIX .....68	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 88
PERSONAL BEST FULL RANGE 75	phenobarbital TABS .....68	PILOT COVID-19 AT-HOME TEST KIT .....58
PFIZER-BIONTECH COVID- 19VACCINE SUSP .....100	phenylephrine hcl (mydriatic) SOLN 2.5 %88	pimecrolimus .....54
PFIZER-BIONTECH COVID- 19VACCINE/5-11Y SUSP .....100	phenylephrine hcl (oral) TABS ....86	pindolol TABS .....42
PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2023-24 SUSP 100	phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML 48	pioglitazone hcl .....21
PFIZER-BIONTECH COVID- 19VACCINE/5-11Y/2024-25 SUSP 100	phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML .....48	pioglitazone hcl-metformin hcl TABS . 18
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y SUSP .....100	phenylephrine-dm SOLN .....48	PIP BLOOD GLUCOSE TEST STRIP STRP .....58
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2023-24 SUSP.....100	phenylephrine-shark liver oil-cocoa butter .....8	PIQRAY 200MG DAILY DOSE ... 34
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP.....100	phenylephrine-shark liver oil-mineral oil-petrolatum .....8	PIQRAY 250MG DAILY DOSE ... 34
PFIZER-BIONTECH COVID- 19VACCINE/6MO-4Y/2024-25 SUSP.....100	phenytoin CHEW .....15	PIQRAY 300MG DAILY DOSE ... 34
PFIZER-BIONTECH COVID- 19VACCINE/ADULT RTU SUSP .100	phenytoin sodium extended 100 MG . 15	pirfenidone CAPS .....96
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/5-11Y ..100	phenytoin sodium SOLN .....15	pirfenidone TABS .....96
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/6M-4Y .100	phenytoin SUSP .....15	piroxicam CAPS .....5
PFIZER-BIONTECH COVID- 19VACCINE/BIVALENT/BA.4/BA.5 100	PHESGO .....33	PLAN B ONE-STEP (Use levonorgestrel (emergency oc)) ... 45
	PHOTOFRIN .....35	PLAQUENIL (Use hydroxychloroquine sulfate) 29
	PHOTREXA/PHOTREXA VISCOUS KIT .....89	PLAVIX 75 MG (Use clopidogrel bisulfate) 66
	phytonadione TABS 5 MG .....102	PLEGRIDY SOAJ SC 125 MCG/0.5ML .....95
		PLEGRIDY SOSY IM .....95
		PLEGRIDY STARTER PACK SOAJ

SC	95	POMALYST	33	prednisolone acetate (ophth)	89
PLEGRIDY STARTER PACK SOSY SC	95	PORTRAZZA	32	prednisolone acetate (ophth)	90
PLENITY	1	pot phosphate monobasic w/ sod phosphate dibasic & monobasic ..	79	PREDNISOLONE ACETATE P-F ..	90
PLENITY WELCOME KIT	1	potassium bicarbonate TBEF	79	PREDNISOLONE SODIUM PHOSPHATE	90
plerixafor	67	potassium chloride CPCR 10 MEQ 79		prednisolone sodium phosphate SOLN 20 MG/5ML	46
PNEUMOVAX 23 IJ 25 MCG/0.5ML . 99		potassium chloride CPCR 8 MEQ .	79	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML	46
PNEUMOVAX 23/1 DOSE IJ 25 MCG/0.5ML	99	potassium chloride microencapsulated crystals er	79	prednisolone SOLN	46
POCKET PEAK FLOW METER ..	76	potassium chloride PACK OR 20 MEQ	79	prednisolone TABS	46
POCKETPEAK PEAK FLOW METER LOW RANGE	76	potassium chloride SOLN OR 10 %, 20 %	79	PREDNISONE INTENSOL CONC	46
POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	76	potassium chloride TBCR 8 MEQ, 10 MEQ	79	prednisone SOLN	46
podofilox SOLN	54	potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	64	prednisone TABS	46
POLIVY	31	POTELIGEO	31	prednisone TBPK	46
POLYCOSE LIQD	87	PRADAXA CAPS (Use dabigatran etexilate mesylate)	12	PREFERRED PLUS GLUCOSE ..	19
POLYCOSE POWD	87	pralatrexate	31	PREGNYL IM	60
polyethylene glycol 3350 POWD ..	69	PRALUENT SOAJ	25	PREGNYL W/DILUENT BENZYLALCOHOL/NACL IM	60
polymyxin b-trimethoprim	89	pramipexole dihydrochloride TABS 36		PREHEVBRIO	100
polysaccharide iron complex CAPS 150 MG	67	prasugrel hcl	66	PREMARIN	101
POLY-VI-FLOR CHEW	84	pravastatin sodium	25	PREMARIN TABS	63
polyvinyl alcohol 1.4 %	87	prazosin hcl CAPS	26	PREMPHASE	62
POLY-VI-SOL SOLN OR	84	PRECISION XTRA	58	PREMPRO	62
POLY-VI-SOL/IRON SOLN	84	PRED FORTE (Use prednisolone acetate (ophth))	89	PRENATAL VITAMINS-MISC	84
POLY-VITA SOLN OR	84	PRED MILD	89	PREVACID 24HR CPDR (Use lansoprazole)	98
POLY-VITA/IRON SOLN	84	PRED-G SUSP	89	PREVACID CPDR 30 MG (Use lansoprazole)	98
POLY-VITE PEDIATRIC SOLN OR 84				PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	81
POLY-VITE/IRON SOLN	84				

PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental)) 81	PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate) 17	PROMETHAZINE HYDROCHLORIDE/DEXTROMETH ORPHAN HYDROBROMIDE SYRP (Use promethazine-dm) 48
PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental)) 81	PRIVIGEN SOLN 10 GM/100ML, 20 GM/200ML, 40 GM/400ML 91	promethazine w/codeine SOLN ... 48
PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental)) 81	PROAIR RESPICLICK AEPB .....12	promethazine w/codeine SYRP ... 48
PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental)) 81	probenecid .....65	promethazine-dm SYRP 48
PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental)) 81	PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine) 43	promethazine-phenylephrine-codeine 48
PREVNAR 13 99	PROCARDIA XL TB24 60 MG (Use nifedipine) 43	PROMETRIUM CAPS 100 MG (Use progesterone) 94
PREVNAR 20 99	prochlorperazine 38	PROMETRIUM CAPS 200 MG (Use progesterone) 94
PREVYMIS SOLN 40	prochlorperazine maleate TABS ...38	PRONEB ULTRA FILTER SET MISC .....76
PREVYMIS TABS 40	PROCYSBI .....67	propafenone hcl TABS .....10
PREZCOBIX 40	PROCYSBI CPDR 64	propranolol hcl CP24 42
PREZISTA SUSP 40	PROCYSBI PACK 64	propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML 42
PREZISTA TABS 150 MG 40	PROFILNINE 65	propranolol hcl TABS 42
PREZISTA TABS 600 MG (Use darunavir) 40	progesterone CAPS 100 MG 93	propylthiouracil 96
PREZISTA TABS 600 MG (Use darunavir) 40	progesterone CAPS 200 MG 94	PROQUAD SUSR 100
PREZISTA TABS 75 MG 40	PROGRAF CAPS (Use tacrolimus) 80	PROSCAR (Use finasteride) 64
PREZISTA TABS 800 MG (Use darunavir) 40	PROGRAF PACK .....80	PROTEXT SUSP 56
PRIALT 6	PROLASTIN-C SOLN .....95	PROTONIX TBEC 20 MG (Use pantoprazole sodium) .....98
PRILOSEC OTC TBEC (Use omeprazole magnesium) 98	PROLEUKIN .....35	PROTONIX TBEC 40 MG (Use pantoprazole sodium) .....98
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate) 29	PROLIA SOSY .....60	PROVENTIL HFA AERS (Use albuterol sulfate) 12
primaquine phosphate TABS 29	promethazine & phenylephrine SYRP 48	PROVERA (Use medroxyprogesterone acetate) 94
primidone 14	PROMETHAZINE HCL POWD ... 45	PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl) 17
PRIORIX SUSR .....100	promethazine hcl SOLN OR 6.25 MG/5ML .....24	
PRISTIQ 100 MG (Use desvenlafaxine succinate) 17	promethazine hcl SUPP 24	
	promethazine hcl TABS 24	

PROZAC CAPS 40 MG (Use fluoxetine hcl)	17	PX DAYTIME MULTI-SYMP TOM CAPS	49	cholestyramine light)	24
pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 48		PX GLUCOSE	19	QUESTRAN PACK (Use cholestyramine)	24
pseudoephedrine hcl TABS	86	PX NITETIME MULTI-SYMP TOM CAPS	49	QUESTRAN POWD (Use cholestyramine)	24
pseudoephedrine hcl TB12	86	pyrantel pamoate SUSP 144 MG/ML 9		quetiapine fumarate TABS 100 MG, 200 MG	37
pseudoephedrine w/ dm-gg LIQD 100 MG/5ML-30 MG/5ML-10 MG/5ML	.49	pyrazinamide	29	quetiapine fumarate TABS 25 MG, 50 MG	37
pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML	49	pyrethrins-piperonyl butoxide LIQD 55		quetiapine fumarate TABS 300 MG, 400 MG	37
pseudoephedrine-guaifenesin TB12 600 MG-60 MG	49	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ...	55	QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.25 MG-15 UNIT-1 MG-108 MCG, 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-1 MG- 15 UNIT-1 MG-108 MCG	84
pseudoephedrine-ibuprofen TABS	49	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	55	QUFLORA PEDIATRIC CHEW 60 MG-1.5 MG-100 MCG-1.2 MG-400 UNIT-4 MCG-1.3 MG-5 MG-1200 UNIT-15 MG-0.5 MG-15 UNIT-1 MG- 108 MCG	84
psyllium CAPS 0.52 GM	68	PYRIDIDIUM TABS (Use phenazopyridine hcl)	64	QUFLORA PEDIATRIC SOLN	84
psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 %	68	pyridostigmine bromide TABS 60 MG	29	QUICKVUE AT-HOME COVID-19 TEST KIT	58
psyllium POWD 43 %	68	pyridostigmine bromide TBCR	29	quinapril hcl	25
PTS PANELS EGLU STRP	58	pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	102	quinapril-hydrochlorothiazide 12.5 MG-10 MG	27
PULMICORT SUSP (Use budesonide (inhalation))	11	pyrimethamine	29	quinapril-hydrochlorothiazide 12.5 MG-20 MG	27
PULMOZYME	96	PYRUKYND TABS	66	quinapril-hydrochlorothiazide 25 MG- 20 MG	27
PURAPLY 2CM X 4CM	56	PYRUKYND TAPER PACK TBPK	66	quinidine gluconate TBCR	10
PURAPLY 5CM X 5 CM	57	QC CALCIUM 500MG/D3 TABS ..	78	quinidine sulfate TABS	10
PURAPLY 6CM X 9CM	57	QC TRIACTING DAYTIME CHILDRENS SYRP	49	QUINTABS TABS	82
PURE COMFORT PEAK FLOW METER ADULT	76	QINLOCK	34		
PURE COMFORT PEAK FLOW METER CHILD	76	QUADRACEL SUSP	96		
PURE COMFORT SAFETY PEN NEEDLE 31G X 5MM	72	QUADRACEL SUSY	97		
PURE COMFORT SAFETY PEN NEEDLE 32G X 4MM	72	QUARTETTE (Use levonorgestrel- ethinyl estradiol (91-day))	45		
PURIXAN SUSP	31	QUESTRAN LIGHT POWD (Use			

QVAR REDIHALER 40 MCG/ACT .11	acid)	60	SOCT	25
QVAR REDIHALER 80 MCG/ACT .11	RECOMBINATE SOLR	65	REPATHA SOSY	25
RA ARTHRITIS PAIN RELIEF CREA 55	RECOMBIVAX HB SUSP	100	REPATHA SURECLICK SOAJ	25
RA DRY MOUTH SOLN	RECOMBIVAX HB SUSY	100	REPEL SPORTSMEN MAX LOTN	55
RA GLUCOSE	RECORLEV	59	REPLACEMENT AIR FILTER MISC .	76
RABAVERT	REDITREX SOSY	3	REPLACEMENT FILTERS MISC .	76
RADICAVA ORS STARTER KIT SUSP	REGLAN TABS (Use metoclopramide hcl)	63	RESTORIL 15 MG, 30 MG (Use temazepam)	68
RADICAVA ORS SUSP	RELENZA DISKHALER	41	RETACRIT	67
RADICAVA SOLN (Use edaravone) 86	RELEUKO SOLN	67	RETEVMO CAPS	34
raloxifene hcl	RELEUKO SOSY	67	RETHYMIC	79
ramipril CAPS	RELEXXII TBCR 18 MG, 27 MG, 54 MG	2	RETIN-A CREA (Use tretinoin)	50
RAPAMUNE SOLN (Use sirolimus) 80	RELEXXII TBCR 36 MG	2	RETIN-A GEL 0.01 % (Use tretinoin) 50	
RAPAMUNE TABS (Use sirolimus) 80	RELION GLUCOSE	19	RETIN-A GEL 0.025 % (Use tretinoin)	50
RAPID SARS-COV-2 ANTIGENTEST CARD KIT	RELION KETONE TEST STRIPS STRP	58	RETISERT	90
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	RELION PLATINUM BLOOD GLUCOSE TEST STRIPS STRP ..	58	RETROVIR CAPS (Use zidovudine) .	40
RAZADYNE ER CP24 (Use galantamine hydrobromide)	RELPAX (Use eletriptan hydrobromide)	77	RETROVIR SYRP (Use zidovudine) .	40
REBIF REBIDOSE SOAJ	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	76
REBIF REBIDOSE TITRATIONPACK SOAJ	REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	76
REBIF SOSY	REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	15	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	76
REBIF TITRATION PACK SOSY ..	REMERON TABS 15 MG (Use mirtazapine)	15	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	44
REBINYN	REMERON TABS 30 MG (Use mirtazapine)	15	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	44
RECLAST SOLN (Use zoledronic	REMIFEMIN MENOPAUSE RELIEF TABS	2		
	REPATHA PUSHTRONEX SYSTEM			

REVATIO TABS (Use sildenafil citrate (pulmonary hypertension))	44	risedronate sodium TBEC	60	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	36
REVCIVI	61	RISPERDAL CONSTA (Use risperidone microspheres)	37	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	36
REVLIMID	80	RISPERDAL SOLN (Use risperidone)	37	rosuvastatin calcium TABS	25
REYATAZ CAPS 200 MG (Use atazanavir sulfate)	40	RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	37	ROTARIX SUSP	100
REYATAZ CAPS 300 MG (Use atazanavir sulfate)	40	risperidone microspheres	37	ROTARIX SUSR	100
REYATAZ PACK	40	risperidone SOLN	37	ROTATEQ SOLN	100
REZUROCK	80	risperidone TABS	37	ROUGH REDROOT PIGWEED POLLEN EXTRACT	2
RHOGAM ULTRA-FILTERED PLUS SOSY IM	91	risperidone TDBP	37	ROXICODONE TABS 15 MG (Use oxycodone hcl)	7
RHOPHYLAC SOSY IJ	91	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	2	ROXICODONE TABS 30 MG (Use oxycodone hcl)	7
RIABNI	31	RITALIN TABS 5 MG (Use methylphenidate hcl)	2	ROZLYTREK CAPS	34
RIASTAP	65	ritonavir TABS	40	RUBRACA	34
ribavirin (hepatitis c) CAPS	41	RITUXAN	31	RUCONEST	66
ribavirin (hepatitis c) TABS 200 MG	41	RITUXAN HYCELA	33	rufinamide SUSP	14
riboflavin TABS	102	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	94	rufinamide TABS	14
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	55	rivastigmine tartrate CAPS	94	RUKOBIA	40
rifabutin	29	RIXUBIS SOLR	65	RUXIENCE	31
rifampin CAPS	29	rizatriptan benzoate TABS	77	RYDAPT	34
RIGHTEST GS333 BLOOD GLUCOSE TEST STRIPS STRP	58	rizatriptan benzoate TDBP	77	RYLAZE	35
RIGHTEST GT333 BLOOD GLUCOSE TEST STRIPS STRP	58	ROBINUL FORTE TABS (Use glycopyrrolate)	97	RYPLAZIM	66
RILUTEK TABS (Use riluzole)	86	ROBINUL TABS (Use glycopyrrolate)	97	SABRIL PACK (Use vigabatrin)	14
riluzole TABS	86	ROCALTROL CAPS (Use calcitriol)	61	SABRIL TABS (Use vigabatrin)	14
RINVOQ TB24 30 MG, 45 MG	3	roflumilast	11	SALAGEN 5 MG (Use pilocarpine hcl (oral))	82
risedronate sodium TABS 35 MG	60	romidepsin SOLR	34	salicylic acid GEL 6 %	54
risedronate sodium TABS 5 MG, 30 MG	60			SALINE NASAL SPRAY 0.65%	85
				salsalate	6
				SAMI THE SEAL	

REPLACEMENTFILTERS MISC .. 76	selegiline hcl TABS 36	(Use quetiapine fumarate) 37
SAMSCA TABS (Use tolvaptan) ... 62	selenium sulfide LOTN 1 % 52	SEROQUEL TABS 25 MG, 50 MG (Use quetiapine fumarate) 37
SANDIMMUNE CAPS (Use cyclosporine) 80	selenium sulfide LOTN 2.5 % 52	SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate) 37
SANDIMMUNE SOLN IV 50 MG/ML . 80	selenium sulfide SHAM 1 % 52	SEROSTIM SC 4 MG, 5 MG, 6 MG 60
SANDOSTATIN LAR DEPOT KIT 10 MG 62	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (Use selenium sulfide) 52	sertraline hcl CONC 17
SANDOSTATIN LAR DEPOT KIT 20 MG, 30 MG (Use octreotide acetate) . 62	SELSUN BLUE DAILY LOTN (Use selenium sulfide) 52	sertraline hcl TABS 100 MG 17
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (Use octreotide acetate) 62	SELSUN BLUE LOTN (Use selenium sulfide) 52	sertraline hcl TABS 25 MG, 50 MG 17
SAPHNELO 81	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide) 52	SEVENFACT 65
sapropterin dihydrochloride PACK .61	SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide) 52	SFROWASA ENEM 64
sapropterin dihydrochloride TABS .62	SELZENTRY SOLN 40	SHINGRIX 100
SARNA LOTN (Use camphor & menthol) 52	SELZENTRY TABS 150 MG (Use maraviroc) 40	SIDESTREAM ADULT FACE MASK MISC 76
SAVELLA TABS 94	SELZENTRY TABS 25 MG, 75 MG 40	SIDESTREAM PEDIATRIC FACEMASK MISC 76
SAVELLA TITRATION PACK MISC 94	SELZENTRY TABS 300 MG (Use maraviroc) 40	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 76
SAWYER INSECT REPELLENT CONTROLLED RELEASE LOTN .55	SEMGLEE SOLN 21	SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC 76
saxagliptin hcl 20	SEMGLEE SOPN 21	SIDESTREAM PLUS ADULT FACE MASK MISC 76
saxagliptin-metformin hcl 18	sennosides TABS 8.6 MG 69	SIGNIFOR 62
SCEMBLIX 100 MG 34	sennosides-docusate sodium TABS 68	SIGNIFOR LAR 62
SCEMBLIX 20 MG, 40 MG 34	SENOKOT S TABS (Use sennosides-docusate sodium) 69	SIKLOS TABS 66
SCHOOLTIME SHAMPOO SHAM 55	SENOKOT TABS (Use sennosides) 69	sildenafil citrate (pulmonary hypertension) SOLN 44
SCOT-TUSSIN DM LIQD 49	SENSIPAR (Use cinacalcet hcl) .. 62	sildenafil citrate (pulmonary hypertension) SUSR 44
SCOT-TUSSIN SENIOR LIQD 49	SEREVENT DISKUS 12	sildenafil citrate (pulmonary hypertension) TABS 44
SEASONIQUE (Use levonorgestrel- ethinyl estradiol (91-day)) 45	SEROQUEL TABS 100 MG, 200 MG	
selegiline hcl CAPS 36		

SILICONE MASK FOR BREATHERITE CHAMBER/ADULT MISC	76	sirolimus SOLN	80	sodium polystyrene sulfonate POWD 80
SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	76	sirolimus TABS	80	sodium polystyrene sulfonate SUSP CO 15 GM/60ML
SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC	76	SIVEXTRO TABS	29	81
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	76	SKYRIZI PEN SOAJ	52	sodium sulfate-potassium sulfate-magnesium sulfate
SILVADENE (Use silver sulfadiazine)	52	SKYRIZI PSKT	52	69
silver sulfadiazine	52	SKYRIZI SOSY	52	SOFOSBUVIR/VELPATASVIR TABS
simethicone CHEW 80 MG	63	SLO-NIACIN TBCR (Use niacin) ..	102	41
simethicone LIQD OR 20 MG/0.3ML . 63		SM GLUCOSE	19	SOF-SENSOR
simethicone SUSP	63	SM GLUCOSE CHEW	19	71
SIMLANDI 1-PEN KIT AJKT	4	SM IPECAC SYRUP	22	SOLESTA
SIMLANDI 2-PEN KIT AJKT	4	SMART SENSE GLUCOSE	19	80
SIMPLYTHICK	92	SMART SENSE GLUCOSE TABLETS	19	SOLQUA 100/33
SIMPLYTHICK EASY MIX	92	SOAANZ TABS 20 MG	59	18
SIMPLYTHICK EASYMIX	92	sodium bicarbonate (antacid) TABS 325 MG, 650 MG	9	SOLUVITA SOLN
simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	25	sodium chloride (gu irrigant) 0.9 %	64	79
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa-levodopa)	36	sodium chloride (inhalant) AERS ..	49	SOLUVITA SOLN
SINGULAIR CHEW (Use montelukast sodium)	11	sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %	49	84
SINGULAIR PACK (Use montelukast sodium)	11	sodium citrate & citric acid	64	SOMAVERT
SINGULAIR TABS (Use montelukast sodium)	11	sodium fluoride (dental) CREA	81	60
		sodium fluoride (dental) GEL	81	SOOTHENEB NBL 100 CHILD MASK MISC
		sodium fluoride (dental) PSTE DT .	81	76
		sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG	79	SOOTHENEB NBL 100 MEDICATION CUP MISC
		sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML	79	76
		SODIUM OXYBATE SOLN	94	SOOTHENEB NBL 100 MESH CAP MISC
		sodium phenylbutyrate POWD	62	76
		sodium phenylbutyrate TABS	62	SOOTHENEB NBL100 ADULT MASK MISC
		sodium phosphates ENEM	69	77
				sorafenib tosylate
				34
				SORBITOL OR 70 %
				69
				SORREL/DOCK MIX EXTRACT IJ .
				2
				SOSWEET SYRP
				93
				sotalol hcl (afib/af)
				42
				sotalol hcl TABS 240 MG
				42
				sotalol hcl TABS 80 MG, 120 MG, 160 MG
				42
				SOVALDI TABS
				41
				SOVUNA 200 MG
				29
				SPACER/AEROSOL-HOLDING

CHAMBER SUPPLIES	77	STIVARGA	34	sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	50
SPACER/AEROSOL-HOLDING CHAMBERS	77	STRATTERA (Use atomoxetine hcl) 1		sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	50
SPACERS AND BREATHING CHAMBERS-MISC	77	STRENSIQ	62	sulfacetamide sod-prednisolone SOLN	90
SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	59	STRESS FORMULA W/ZINC FORENERGY TABS	83	sulfamethoxazole-trimethoprim SUSP	28
SPIKEVAX COVID-19 VACCINE SUSP	101	STRIBILD	40	sulfamethoxazole-trimethoprim TABS	28
SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	100	STRIVE DUAL ZONE PEAK FLOW METER	77	sulfasalazine TABS	64
SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	100	SUBLOCADE SOSY	8	sulfasalazine TBEC	64
SPIKEVAX COVID-19 VACCINE/2024-25 SUSY	100	SUBOXONE FILM SL 0.5 MG-2 MG, 1 MG-4 MG, 2 MG-8 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sulindac TABS	5
spinosad	56	SUBOXONE FILM SL 3 MG-12 MG (Use buprenorphine hcl-naloxone hcl dihydrate)	8	sumatriptan	77
SPINRAZA	86	SUCRALFATE SUSP	97	sumatriptan succinate SOAJ 6 MG/0.5ML	77
SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	11	sucralfate TABS	97	sumatriptan succinate SOCT 6 MG/0.5ML	78
spironolactone & hydrochlorothiazide	59	SUDAFED CHILDRENS LIQD	86	sumatriptan succinate SOLN 6 MG/0.5ML	78
spironolactone TABS	59	SUDAFED CONGESTION TABS (Use pseudoephedrine hcl)	86	sumatriptan succinate TABS	78
SPORANOX CAPS (Use itraconazole)	23	SUDAFED PE CHILDRENS NASAL DECONGESTANT SOLN	86	sunitinib malate	34
SPRAVATO 56MG DOSE	16	SUDAFED PE SINUS CONGESTION TABS (Use phenylephrine hcl (oral))	86	SUPARTZ FX SOSY	85
SPRAVATO 84MG DOSE	16	SUDAFED SINUS CONGESTION TABS (Use pseudoephedrine hcl) .	86	SUPER BI-MIX SOLR	43
SPRYCEL (Use dasatinib)	34	sulfacetamide sodium (acne)	50	SUPER TRI-MIX SOLR	43
STAMARIL SUSR	101	sulfacetamide sodium (ophth) OINT 89		SUPPRELIN LA	61
stavudine CAPS	40	sulfacetamide sodium (ophth) SOLN . 89		SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)	69
STELARA 130 MG/26ML	64	sulfacetamide sodium LIQD	52	SURE COMFORT PEN NEEDLES31GX3/16" (5MM)	72
STELARA SOSY	52			SURE COMFORT PEN NEEDLES31GX5/16" (8MM)	72
STERILE DILUENT FOR REMODULIN (Use glycine diluent) 93				SURE COMFORT PEN	

NEEDLES32GX5/32" (4MM)	72	SYNVISC SOSY	85	tamoxifen citrate TABS	32
SUSPENDIT ANHYDROUS SUSP 93		SYPRINE (Use trientine hcl)	80	tamsulosin hcl	64
SUSPENDRX WITH BITTER- BLOC/SWEETENED SUSP	93	SYRPALTA SYRP 83 %	93	TARCEVA 100 MG, 150 MG (Use erlotinib hcl)	32
SUSPENDRX WITH BITTER- BLOC/UNSWEETENED SUSP	93	SYRSPEND SF LIQD	93	TARGRETIN (Use bexarotene (topical))	51
SUSPENSION VEHICLE SUSP	93	SYRUP VEHICLE SF SYRP	93	TARGRETIN (Use bexarotene) ...	35
SUSTIVA CAPS 200 MG (Use efavirenz)	40	SYRUP VEHICLE SYRP	93	TARPEYO CPDR	46
SUSTIVA CAPS 50 MG (Use efavirenz)	40	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS ...	82	TASIGNA	34
SUSVIMO OCULAR IMPLANT ...	71	TABLOID	31	TAVNEOS	66
SUSVIMO SOLN	88	TABRECTA	34	tazarotene CREA	52
SUTENT (Use sunitinib malate) ...	34	tacrolimus (topical) OINT 0.03 % ..	54	tazarotene GEL	52
SYLVANT	80	tacrolimus (topical) OINT 0.1 % ...	54	TAZORAC CREA (Use tazarotene) 52	
SYMBICORT (Use budesonide- formoterol fumarate dihydrate)	12	tacrolimus CAPS	80	TAZORAC GEL (Use tazarotene) .	52
SYMDEKO	96	tadalafil (pulmonary hypertension) TABs	44	TAZVERIK	34
SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	40	TAFINLAR CAPS	34	TDVAX SUSP	97
SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	40	TAGAMET HB 200 TABS (Use cimetidine)	97	TECARTUS	32
SYMLINPEN 120 SOPN	18	TAGAMET HB TABS (Use cimetidine)	97	TECENTRIQ	31
SYMLINPEN 60 SOPN	18	TAGRISSE	32	TECFIDERA CPDR (Use dimethyl fumarate)	95
SYNAGIS SOLN	92	TAKHZYRO SOLN	66	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	95
SYNAREL	61	TAKHZYRO SOSY	66	TEGLUTIK SUSP	86
SYNOJOYNT SOSY	85	TALTZ SOAJ	52	TEGRETOL SUSP (Use carbamazepine)	14
SYNRIBO	35	TALTZ SOSY 80 MG/ML	52	TEGRETOL TABS (Use carbamazepine)	14
SYNTHROID TABS (Use levothyroxine sodium)	96	TALZENNA	34	TEGRETOL-XR TB12 (Use carbamazepine)	14
SYNVISC ONE SOSY	85	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	41	TEGSEDI	95
		TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	41	telmisartan	26
		TAMIFLU SUSR (Use oseltamivir phosphate)	41	telmisartan-amlodipine	27

telmisartan-hydrochlorothiazide ...27	testosterone enanthate SOLN IM ...8	MG, 90 MG, 120 MG .....96
temazepam 15 MG, 30 MG .....68	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP .....97	tiagabine hcl .....14
TEMODAR CAPS 250 MG (Use temozolomide) .....30	tetrabenazine .....94	TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads) .....43
TEMODAR SOLR .....30	tetracaine hcl (ophth) .....89	TIAZAC 240 MG (Use diltiazem hcl extended release beads) .....43
temozolomide CAPS .....30	tetracycline hcl CAPS 500 MG ....96	TIBSOVO .....34
TEMPO WELCOME KIT .....71	tetrahydrozoline hcl (ophth) 0.05 % 89	TICOVAC .....101
temsirolimus .....34	TEZSPIRE SOSY .....10	TIGLUTIK SUSP .....86
TENIVAC INJ .....97	TGT GLUCOSE .....19	TIKOSYN (Use dofetilide) .....10
tenofovir disoproxil fumarate TABS 40	THALOMID .....80	timolol maleate (ophth) SOLN .....88
TENORETIC 100 (Use atenolol & chlorthalidone) .....27	THEO-24 CP24 .....12	timolol maleate TABS .....42
TENORETIC 50 (Use atenolol & chlorthalidone) .....27	theophylline ELIX .....12	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth)) .....88
TENORMIN TABS (Use atenolol) .42	theophylline SOLN .....12	TIMOPTIC SOLN (Use timolol maleate (ophth)) .....88
TEPADINA (Use thiotepa) .....30	theophylline TB12 .....12	TINACTIN CREA (Use tolnaftate) .51
TEPEZZA .....61	theophylline TB24 .....12	tioconazole vaginal 6.5 %101
terazosin hcl .....26	THERA TABS .....83	tiopronin TABS .....64
terbinafine hcl (topical) CREA .....51	THEREMS MULTIVITAMIN TABS .83	tiopronin TBEC .....64
terbinafine hcl TABS .....23	thiamine hcl TABS .....102	tiotropium bromide monohydrate CAPS .....11
terbutaline sulfate TABS .....12	thiamine mononitrate TABS 100 MG . 102	TIVDAK .....31
terconazole vaginal CREA .....101	THIOLA EC TBEC (Use tiopronin) .64	TIVICAY TABS 50 MG .....40
terconazole vaginal SUPP .....101	THIOLA TABS (Use tiopronin) ....64	TIVORBEX CAPS (Use indomethacin) .....5
teriflunomide .....95	thioridazine hcl .....38	tizanidine hcl TABS .....85
teriparatide SOPN .....60	thiotepa .....30	TM-DAILY VITE TABS .....83
TERIPARATIDE SOPN .....60	thiothixene .....38	TOBI NEBU (Use tobramycin) .....2
TESTOPEL PLLT .....8	THRESHOLD IMT MISC .....77	TOBI PODHALER CAPS .....2
testosterone cypionate SOLN IM 100 MG/ML .....8	THROMBATE III .....66	TOBRADEX OINT .....90
testosterone cypionate SOLN IM 200 MG/ML .....8	THYMOGLOBULIN .....80	
	THYROGEN 0.9 MG .....57	
	THYROID TABS 15 MG, 30 MG, 60	

TOBRADEX SUSP (Use tobramycin-dexamethasone)	90	topiramate TABS 200 MG	14	TREANDA SOLR (Use bendamustine hcl)	30
tobramycin (ophth) SOLN	89	topiramate TABS 25 MG, 50 MG ..	14	TRECATOR	29
tobramycin NEBU	3	TOPOTECAN HCL SOLN (Use topotecan hcl)	36	TRELSTAR MIXJECT	32
tobramycin sulfate SOLN IJ	3	topotecan hcl SOLN	36	TREMFYA SOAJ	52
tobramycin sulfate SOLR	3	TOPOTECAN HCL SOLN	36	TREMFYA SOSY 100 MG/ML	52
tobramycin-dexamethasone SUSP 90		topotecan hcl SOLR	36	TRESIBA FLEXTOUCH SOPN	21
TOBREX OINT	89	TOPROL XL TB24 200 MG (Use metoprolol succinate)	42	TRESIBA SOLN	21
tolnaftate CREA	51	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 42		tretinoin (chemotherapy)	35
tolterodine tartrate CP24	98	TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 42		tretinoin CREA 0.025 %, 0.05 %, 0.1 %	50
tolterodine tartrate TABS	98	toremifene citrate	32	tretinoin GEL 0.01 %	50
tolvaptan TABS	62	TORISEL (Use temsirolimus)	34	tretinoin GEL 0.025 %	50
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	14	torsemide TABS	59	TRETEN	65
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	14	TOTECT	35	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	31
TOPAMAX TABS 100 MG (Use topiramate)	14	TRACLEER TABS (Use bosentan) 44		triamcinolone acetonide (mouth) ..	81
TOPAMAX TABS 200 MG (Use topiramate)	14	TRACLEER TBSO	44	triamcinolone acetonide (nasal) AERO	86
TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	14	tramadol hcl TABS 50 MG	7	triamcinolone acetonide (topical) CREA	53
TOPICORT CREA 0.05 % (Use desoximetasone)	53	tramadol-acetaminophen	8	triamcinolone acetonide (topical) LOTN	53
TOPICORT CREA 0.25 % (Use desoximetasone)	53	trandolapril 1 MG, 2 MG	26	triamcinolone acetonide (topical) OINT 0.025 %	53
TOPICORT GEL (Use desoximetasone)	53	trandolapril 4 MG	26	triamcinolone acetonide (topical) OINT 0.1 %, 0.5 %	54
TOPICORT OINT 0.25 % (Use desoximetasone)	53	trandolapril-verapamil hcl	27	TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	49
topiramate CPSP 15 MG	14	tranexamic acid TABS	67	TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr) 47	
topiramate CPSP 25 MG	14	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	10	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG	59
topiramate TABS 100 MG	14	tranylcypromine sulfate	16	triamterene & hydrochlorothiazide	
		TRAZIMERA	31		
		trazodone hcl TABS 300 MG	17		
		trazodone hcl TABS 50 MG, 100 MG, 150 MG	17		

TABS	59	TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	72	TYBOST	40
triazolam	68	TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	72	TYKERB (Use lapatinib ditosylate) 34	
TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	27	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP 59		TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	6
TRIDESILON CREA 0.05 % (Use desonide)	54	TRUE MULTIVITAMIN TABS	83	TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	6
trientine hcl 250 MG	80	TRUELYTE SOLN	79	TYLENOL CHILDRENS SUSP (Use acetaminophen)	6
trientine hcl 500 MG	80	TRUEPLUS GLUCOSE CHEW	19	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	6
TRIESENCE	90	TRUEPLUS GLUCOSE ON THE GO CHEW	19	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	6
trifluoperazine hcl TABS	38	TRULICITY SC 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	20	TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	6
trifluridine	89	TRUMENBA	99	TYLENOL TABS (Use acetaminophen)	6
trihexyphenidyl hcl TABS	36	TRUSOPT (Use dorzolamide hcl) .	90	TYMLOS	60
TRIKAFTA TBPK	96	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	40	TYPHIM VI SOLN	99
TRILEPTAL SUSP (Use oxcarbazepine)	14	TRUXIMA	31	TYPHIM VI SOSY	99
TRILEPTAL TABS (Use oxcarbazepine)	14	TRUZONE PEAK FLOW METER .	77	TYVASO REFILL KIT SOLN IN ...	43
TRILURON SOSY	85	TUBING/WING TIP MISC	77	TYVASO SOLN IN	43
trimethoprim TABS	28	TUDORZA PRESSAIR	11	TYVASO STARTER KIT SOLN IN	43
TRI-MIX SOLR	43	TUKYSA	31	ULTIGUARD SAFEPAK/TINY PEN NEEDLE/32G X 4MM/SHARPS CONTAINÉ	72
TRINTELLIX	17	TUMS CHEW (Use calcium carbonate (antacid))	9	ULTIGUARD SAFEPAK/TINY PEN NEEDLE/32G X 6MM/SHARPS CONTAINÉ	72
TRIPTODUR	61	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) ..	9	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	77
TRISENOX (Use arsenic trioxide) 35		TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	9	ULTRACET (Use tramadol- acetaminophen)	8
TRIUMEQ TABS	40	TURALIO	34		
TRIVISC SOSY	85	TWINRIX SUSY	101		
TRIZIVIR	40	TYBLUME CHEW	45		
TROGARZO	40				
tropicamide SOLN	88				
tropium chloride TABS	98				
TRUE COMFORT PRO PEN NEEDLES 32G X 4MM	72				

ULTRATHON INSECT REPELLENT 8 AERO	55	ursodiol TABS 250 MG	63	vancomycin hcl CAPS 250 MG	28
ULTRATHON INSECT REPELLENT LOTN	55	VABYSMO SOLN	88	vancomycin hcl SOLR IV 1 GM, 1000 MG	28
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	72	VAGIFEM TABS (Use estradiol vaginal)	101	vancomycin hcl SOLR IV 500 MG ..	28
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	72	valacyclovir hcl 1 GM, 1000 MG ...	41	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML ..	28
UNIFINE SAFECONTROL PEN NEEDLE 31GX5MM	72	valacyclovir hcl 500 MG	41	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	28
UNIFINE SAFECONTROL PEN NEEDLE 31GX8MM	72	VALCHLOR	51	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	28
UNISOM SLEEPGELS CAPS (Use diphenhydramine hcl (sleep))	68	VALCYTE TABS (Use valganciclovir hcl)	40	VANDAZONE	101
UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	68	valganciclovir hcl TABS	41	VAQTA	101
UNISPEND ANHYDROUS SWEETENED SUSP	93	VALIUM TABS (Use diazepam) ...	10	varenicline tartrate TABS	95
UNISPEND ANHYDROUS UNSWEETENED SUSP	93	valproate sodium SOLN OR 250 MG/5ML, 500 MG/10ML	15	varenicline tartrate TBPK	95
UNITUXIN	31	valproic acid CAPS	15	VARIVAX SUSR IJ 1350 PFU/0.5ML 101	
UP & UP GLUCOSE	19	valrubicin	33	VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	28
UPTRAVI SOLR	44	valsartan TABS	26	VASOTEC TABS (Use enalapril maleate)	26
UPTRAVI TABS	44	valsartan-hydrochlorothiazide ...	27	VAXCHORA	99
UPTRAVI TITRATION PACK TBPK 44		VALSTAR (Use valrubicin)	33	VAXELIS SUSP	97
urea CREA 40 %	54	VALTOCO 10 MG DOSE LIQD ...	13	VAXELIS SUSY	97
urea LOTN 40 %	54	VALTOCO 15 MG DOSE LQPK ...	13	VAXNEUVANCE	99
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	64	VALTOCO 20 MG DOSE LQPK ...	13	VECAMEYL	28
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	64	VALTOCO 5 MG DOSE LIQD ...	13	VECTIBIX 100 MG/5ML, 400 MG/20ML	32
URSO 250 TABS (Use ursodiol) ...	63	VALTrex 1 GM (Use valacyclovir hcl)	41	VELCADE SOLR IJ (Use bortezomib)	34
ursodiol CAPS	63	VALTrex 500 MG (Use valacyclovir hcl)	41	VELETRI (Use epoprostenol sodium)	43
		VALUE PLUS GLUCOSE	19	VEMLIDY	41
		VANCOCIN CAPS 125 MG (Use vancomycin hcl)	28	VENCLEXTA STARTING PACK	
		VANCOCIN CAPS 250 MG (Use vancomycin hcl)	28		
		vancomycin hcl CAPS 125 MG ...	28		

TBPK	32	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 5MM	73	VISCO-3 SOSY	85
VENCLEXTA TABS	32	VERIFINE PLUS INSULIN PEN NEEDLE 31G X 8MM	73	VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	89
venlafaxine hcl CP24 150 MG	17	VERIFINE PLUS INSULIN PEN NEEDLES 32G X 4MM	73	VISTARIL CAPS (Use hydroxyzine pamoate)	10
venlafaxine hcl CP24 37.5 MG	17	VERIFINE PLUS PEN NEEDLE/32G X 4MM	73	VISTOGARD	22
venlafaxine hcl CP24 75 MG	17	VERSAFREE SYRP	93	VISUDYNE	89
venlafaxine hcl TABS	17	VERSAPLUS SYRP	93	VITAMIN D3 LIQD OR 5000 UNIT/ML	102
venlafaxine hcl TB24 150 MG	18	VERZENIO	34	vitamin e CAPS 100 UNIT, 200 UNIT, 400 UNIT	102
venlafaxine hcl TB24 37.5 MG, 75 MG, 225 MG	17	VIBRAMYCIN CAPS (Use doxycycline hyclate)	96	VITAMIN E CAPS 200 UNIT	102
VENTAVIS	43	VICTOZA (Use liraglutide)	20	vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 200 UNIT, 268 MG, 400 UNIT .	102
VENTOLIN HFA AERS (Use albuterol sulfate)	12	VIDAZA SUSR (Use azacitidine) ..	31	VITAMIN E CHEW	102
verapamil hcl CP24 100 MG, 200 MG	43	vigabatrin PACK	14	VITAMINS A/C/D/FLUORIDE SOLN .	84
verapamil hcl CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG ...	43	vigabatrin TABS	14	vitamins w/ lipotropics CAPS	84
verapamil hcl TABS	43	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	89	VITAZYME TABS	83
verapamil hcl TBCR	43	VIIBRYD TABS (Use vilazodone hcl) 17		VITRAKVI CAPS	34
VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	43	VIJOICE TBPK	80	VITRAKVI SOLN	34
VERELAN CP24 (Use verapamil hcl) 43		vilazodone hcl TABS	17	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP ..	59
VERELAN PM CP24 100 MG, 200 MG (Use verapamil hcl)	43	VILTEPSO	86	VIVELLE-DOT PTTW (Use estradiol) 63	
VERELAN PM CP24 300 MG (Use verapamil hcl)	43	VIMIZIM	62	VIVIMUSTA SOLN	30
VERIFINE INSULIN PEN NEEDLE 31G X 5MM	73	vincristine sulfate	36	VIVITROL	22
VERIFINE INSULIN PEN NEEDLE 31G X 8MM	73	VIRACEPT TABS 250 MG	40	VIVOTIF	99
VERIFINE INSULIN PEN NEEDLE 32G X 4MM	73	VIRACEPT TABS 625 MG	40	VIZIMPRO	32
VERIFINE INSULIN PEN NEEDLE 32G X 6MM	73	VIREAD POWD	40	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) .	51
		VIREAD TABS (Use tenofovir disoproxil fumarate)	40	VONJO	34
		VIREAD TABS 150 MG, 200 MG, 250 MG	40		

VONVENDI	65	WINDMILL TRAINER MISC	77	XPOVIO 80 MG TWICE WEEKLY	33
VOQUEZNA	98	WINRHO SDF SOLN 1500		XTANDI CAPS	32
VORAXAZE	35	UNIT/1.3ML, 2500 UNIT/2.2ML, 5000		XTANDI TABS	32
VOTRIENT (Use pazopanib hcl) ..	34	UNIT/4.4ML, 15000 UNIT/13ML ...	91	XURIDEN	62
VOXZOGO	62	XALATAN SOLN (Use latanoprost)	90	XYNTHA	65
VYNDAMAX	44	XALKORI CAPS	34	XYNTHA SOLOFUSE	65
VYNDAQEL	44	XANAX TABS (Use alprazolam) ...	10	XYREM SOLN	94
VYONDYS 53	86	XELJANZ SOLN	3	XYWAV	94
VYTORIN (Use ezetimibe-		XELJANZ TABS	3	XYZAL ALLERGY 24HR TABS (Use	
simvastatin)	24	XELJANZ XR TB24	3	levocetirizine dihydrochloride)	24
VYVANSE CAPS	1	XELODA (Use capecitabine)	31	YASMIN 28 (Use drospirenone-	
VYVGART	80	XEMBIFY	91	ethinyl estradiol)	45
VYXEOS	33	XENAZINE (Use tetrabenazine) ..	94	YAZ (Use drospirenone-ethinyl	
WAKIX	1	XENLETA TABS	29	estradiol)	45
WALGREENS GLUCOSE	19	XERMELO	64	YERVOY	31
WALGREENS GLUCOSE CHEW ..	19	XEROSTOMIA RELIEF SPRAY		YF-VAX INJ	101
WAL-TUSSIN PEDIATRIC COUGH		SOLN	82	YONDELIS	30
& COLD LIQD	49	XGEVA SOLN	60	YONSA	32
warfarin sodium TABS	12	XIAFLEX	80	YUFLYMA 1-PEN KIT AJKT	4
WELIREG	33	XIGDUO XR (Use dapagliflozin		YUFLYMA 2-PEN KIT AJKT	4
WELLBUTRIN SR TB12 100 MG		propanediol-metformin hcl)	18	YUFLYMA 2-SYRINGE KIT PSKT ..	4
(Use bupropion hcl)	16	XIPERE	90	YUFLYMA CD/UC/HS STARTER	
WELLBUTRIN SR TB12 150 MG		XOLAIR SOAJ	10	AJKT	4
(Use bupropion hcl)	16	XOLAIR SOLR	10	YUSIMRY SC 40 MG/0.8ML	4
WELLBUTRIN SR TB12 200 MG		XOLAIR SOSY	10	YUTIQ	90
(Use bupropion hcl)	16	XOPENEX HFA (Use levalbuterol		ZADITOR 0.035 % (Use ketotifen	
WELLBUTRIN XL TB24 150 MG		tartrate)	12	fumarate (ophth))	90
(Use bupropion hcl)	16	XOSPATA	35	zaleplon 10 MG	68
WELLBUTRIN XL TB24 300 MG		XPOVIO	33	zaleplon 5 MG	68
(Use bupropion hcl)	16	XPOVIO 60 MG TWICE WEEKLY		ZALTRAP	31
white petrolatum-mineral oil	87	33		ZANAFLEX TABS 4 MG (Use	
WILATE KIT	65				

tizanidine hcl) 85	zidovudine TABS 40	ZOLGENSMA 12.6-13.0 KG 87
ZARONTIN CAPS (Use ethosuximide) 15	ZILRETTA SRER 46	ZOLGENSMA 13.1-13.5 KG 87
ZARONTIN SOLN (Use ethosuximide) 15	zinc oxide (topical) OINT 20 % 55	ZOLGENSMA 13.6-14.0 KG 87
ZARXIO 67	zinc sulfate CAPS 79	ZOLGENSMA 14.1-14.5 KG 87
ZAVESCA (Use miglustat) 66	ZINPLAVA 92	ZOLGENSMA 14.6-15.0 KG 87
ZEJULA CAPS 35	ziprasidone hcl 37	ZOLGENSMA 15.1-15.5 KG 87
ZELBORAF 35	ZIRABEV 31	ZOLGENSMA 15.6-16.0 KG 87
ZEMAIRA SOLR 1000 MG 95	ZITHROMAX PACK (Use azithromycin) 70	ZOLGENSMA 16.1-16.5 KG 87
ZEMAIRA SOLR 4000 MG 95	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin) 70	ZOLGENSMA 16.6-17.0 KG 87
ZEMPLAR SOLN (Use paricalcitol) 62	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin) 70	ZOLGENSMA 17.1-17.5 KG 87
ZEPZELCA 30	ZITHROMAX TABS 250 MG (Use azithromycin) 70	ZOLGENSMA 17.6-18.0 KG 87
ZESTORETIC 12.5 MG-10 MG, 12.5 MG-20 MG (Use lisinopril & hydrochlorothiazide) 28	ZITHROMAX TABS 500 MG (Use azithromycin) 70	ZOLGENSMA 18.1-18.5 KG 87
ZESTORETIC 25 MG-20 MG (Use lisinopril & hydrochlorothiazide) ... 28	ZITHROMAX TRI-PAK TABS (Use azithromycin) 69	ZOLGENSMA 18.6-19.0 KG 87
ZESTRIL TABS 2.5 MG (Use lisinopril) 26	ZITHROMAX Z-PAK TABS (Use azithromycin) 70	ZOLGENSMA 19.1-19.5 KG 87
ZESTRIL TABS 5 MG, 10 MG, 20 MG, 30 MG, 40 MG (Use lisinopril) 26	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin) 25	ZOLGENSMA 19.6-20.0 KG 87
ZETIA (Use ezetimibe) 25	ZOKINVY 81	ZOLGENSMA 2.6-3.0 KG 87
ZEVALIN Y-90 31	ZOLADEX 33	ZOLGENSMA 20.1-20.5 KG 87
ZIAC (Use bisoprolol & hydrochlorothiazide) 28	zoledronic acid CONC 60	ZOLGENSMA 20.6-21.0 KG 87
ZIAGEN SOLN (Use abacavir sulfate) 40	zoledronic acid SOLN 60	ZOLGENSMA 3.1-3.5 KG 87
ZIAGEN TABS (Use abacavir sulfate) 40	ZOLEDRONIC ACID SOLN 60	ZOLGENSMA 3.6-4.0 KG 87
zidovudine CAPS 40	ZOLGENSMA 10.1-10.5 KG 86	ZOLGENSMA 4.1-4.5 KG 87
zidovudine SYRP 40	ZOLGENSMA 10.6-11.0 KG 86	ZOLGENSMA 4.6-5.0 KG 87
	ZOLGENSMA 11.1-11.5 KG 86	ZOLGENSMA 5.1-5.5 KG 87
	ZOLGENSMA 11.6-12.0 KG 86	ZOLGENSMA 5.6-6.0 KG 87
	ZOLGENSMA 12.1-12.5 KG 87	ZOLGENSMA 6.1-6.5 KG 87
		ZOLGENSMA 6.6-7.0 KG 87
		ZOLGENSMA 7.1-7.5 KG 87
		ZOLGENSMA 7.6-8.0 KG 87
		ZOLGENSMA 8.1-8.5 KG 87
		ZOLGENSMA 8.6-9.0 KG 87

ZOLGENSMA 9.1-9.5 KG	87	ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	38
ZOLGENSMA 9.6-10.0 KG	87	ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	38
ZOLINZA	35	ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	38
zolmitriptan SOLN 5 MG	78	ZYRTEC ALLERGY TABS (Use cetirizine hcl)	24
zolmitriptan TABS	78	ZYRTEC CHEW 10 MG (Use cetirizine hcl)	24
zolmitriptan TBDP	78	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) .	24
ZOLOFT CONC (Use sertraline hcl) 17		ZYRTEC CHILDRENS ALLERGY SOLN OR (Use cetirizine hcl)	24
ZOLOFT TABS 100 MG (Use sertraline hcl)	17	ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	49
ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	17	ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	49
zolpidem tartrate TABS	68	ZYTIGA (Use abiraterone acetate) 33	
ZOMIG SOLN (Use zolmitriptan) ..	78		
ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	78		
ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	14		
zonisamide CAPS	14		
ZORBTIVE SC	60		
ZOVIRAX CREA (Use acyclovir topical)	52		
ZOVIRAX OINT (Use acyclovir topical)	52		
ZOVIRAX SUSP (Use acyclovir) ..	41		
ZUBSOLV SUBL	8		
ZULRESSO	16		
ZYDELIG	35		
ZYKADIA TABS	35		
ZYLOPRIM (Use allopurinol)	65		
ZYNLONTA	31		
ZYPREXA RELPREVV	37		